## L020000/2723

4328 WI	LKINSON A	ve ·
Studio (	LKINSON A Lay , CA	91684
		<u> </u>
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	Siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



700042714697

11/29/04--01031--022 \*\*35.00

2005 JAN 13 PH 4: 20

Charles Call Cratical

Charles Charl

4. BRYAN JAN 1 3 2005



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 8, 2004

SHARON LANE CANVAS PICTURES, LLC 1145 N. BISCAYNE PT. RD. MIAMI BEACH, FL 33141

SUBJECT: CANVAS PICTURES, LLC

Ref. Number: L02000012723

FILTED W. 20
2005 JAN 13 PM 4: 20
UNYALLAHASSEE, FLORIDA

We have received your document for CANVAS PICTURES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 004A00068568

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: CANVAS HCTURES, UC
2. The mailing address of the limited liability company is: 1145 N. BISCAYNE PT. RD;
MAMI BEACH, PL 33141
5/24/02 LØ2000012723
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
SHARON LANE
12/00 NE 16 TH AVE. STE 210
Address
No MIRM 1 + C 33 (e) City, State and Zip
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:  SHARON LAND  ETT 2
Name
Florida street address (P.O. Box NOT acceptable)
MANI BEACHFL 33141
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the mentions of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I antiquiliar with and accept the obligations of my position as registered agent as provided for in Chapter 808, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I have by confirm that the limited liability company has been notified in writing of this change.  (Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)