

L020000018089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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LAW OFFICE
JORDAN FIELDS, P. A.
A PROFESSIONAL ASSOCIATION
416 SE CORTEZ AVENUE
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JORDAN FIELDS, Esquire

YVONNE M. KOEHLER, CLA
CHRISTINE L. WATTS CLA

August 15, 2005

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: THE BEAD GALLERY, LLC
Document No. L02000018089

Dear Clerk,

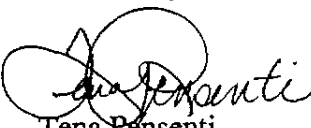
Enclosed are the following items for the above noted LLC:

- 1) A Check in the amount of \$ 85.00 , for Resignation of Registered Agent.
- 2) A Check in the amount of \$ 25.00 , for Change of Registered Agent.
- 3) A transmittal letter
- 4) A prepared stamped return envelope.

Please make the requested changes and reply to this office in the enclosed envelope.

Thank you in advance for you assistance in this request.

Yours truly,


Tena Pensenti
enclosures

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**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: THE BEAD GALLERY, LLC

2. The mailing address of the limited liability company is : 5465 SE FOREST GLADE TRAIL
HOBE SOUND, FL 33455

JULY 16, 2002

L0200001089

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:

LYNN GRAFF

Name

5465 SE FOREST GLADE TRAIL

Address

HOBE SOUND, FL 33455

City, State and Zip

6. The name and address of the new registered agent and/or office:

JEANNE FIASCONARO

Name

207 St. CHARLES COURT

Florida street address (P.O. Box NOT acceptable)

JUPITER

FL

33477

City, State and Zip

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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 members 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)

LYNN GRAFF

(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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby 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