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(Re	equestor's Name)	
(Ac	idress)	<u> </u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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_	tion Section of Corporations					
SUBJECT:	Simrey 2 (Name	RRESTIBLE	Home	ACCEN:	TS, LLC	
	(Name	of Limited Liabili	ty Company)			
Dear Sir or Mac	lam:					
The enclosed Re	egistered Agent/Register	ed Office Change	and fee(s) are s	submitted for	filing.	
		_				
Please return all	l correspondence concern	ning this matter to	the following:			
Wis	(Name of Person)	1ERG				
	(Name of Person)					
	(Firm/Company)	SOCIATES	_			
	(Firm/Company)					
J 1 z						
72/2	(Address)	<u>.</u>	_			
	, ,				ZK TAL	
FZ	(City/State and Tin Code)	4 33316			2005 NOV 14 PM 1: 17 SECRETARY OF STATE TALLAHASSEE.FLORIDA	
	(City/State and Zip Code)		_		OV HAS	
					RY SEE	
For further info	rmation concerning this	matter, please call:			PS PA	IT
					器 =	
WILLIAM	Name of Person)	at (<i>95 </i>) 523 80	899	5 <u>6</u> 7	,
((Name of Person)	((Area Code &)	Daytime Tele	phone Numbe	T)
	T/COURIER ADDRESS:		ILING ADDRI			
	tion Section of Corporations		Registration Section Division of Corporations			
Clifton E			P.O. Box 6327			
	ecutive Center Circle		ahassee, Florida	32314		
	see, Florida 32301		•			
Enclose	ed is a check for the foll	owing amount:				
X1\$25 F	Filing Fee	□ \$5	5 Filing Fee &	Certified Co	py	
(2.5)						

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:	: SIMPLY IRRESISTIBLE HO	ME ACCENTS, LLC
2. The mailing address of the limited liability co	ompany is: <u>1968 East Sunris</u>	e Boulevard,
	Fort Lauderdale,	FL 33304
July 24, 2002	L02000018664	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent and the registerida Department of State:	stered office address as shown on	the records of the
DAVID SELF	Name	
*050 To 1 G	_	
1968 East Sunr	Address	
Fort Inudordal		
Fort Lauderdal City,	, State and Zip	-
6. The name and address of the new registered a	igent and/or office:	
		TAL SI SI
CHRISTINE PUJA	Name	E IL 2005 NOV 14 SECRETARY ALLAHASSE
1968 FAst Sunr		
	ss (P.O. Box NOT acceptable)	AR.
	- (a	(T)
Fort Lauderdal	e <u>FL</u> 33304	
City, S	State and Zip	85 = 0
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability. (Signature of a member or authorized representative of a member	nade, the Florida street address of vill be identical. Or, in the case of e change(s) was/were authorized y or as otherwise provided in the a ty company.	f the registered office f a Florida limited by an affirmative vote
Christine Pulari		
(Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability of the status of t	igent and agree to act in this cape be to the proper and complete per, us of my position as registered ag filed to merely reflect a change in ty company has been notified in v	acity. I further agree to formance of my duties, ent as provided force in the registered office writing of this change.
(Signature of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00