## 103000010259

(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		l

Office Use Only



700041838137

10/25/04--01053--020 \*\*25.00

SECHETARY OF STATE TALLAHASSEE, FLORIDA

4 00T 25 Mills 23

W3-10259

Divison Of Corporations P.B. Box 6327 Tallahassee, Fla 32314

10-21-04

To Whom It may concern,

We wish to change the principal address of Stick-IT-Spigot LLC from 4909 N. US. 1 COCOA, FL 32927 TO 6602 EMIL AV COCOA, FL 32927

Lo.fil

4 DCT 25 AH (1: 2 SEOREIARY OF STATE

FILED

## 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

agent, or both, in the b	•		
1. The name of the lin	nited liability company is: _	STICK-IT-SPIGOT L.L.C	<u>-</u> •
2. The mailing address	s of the limited liability com	npany is: 6602 EMIL AV	COCOA, FL 32927
3-21-2003		L03000010259	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the reg Florida Department	istered agent and the registe of State: PADRICK, ROSE M	red office address as shown o	on the records of the
	6602 EMIL AV	Name	
	COCOA, FL 32927	ddress	•
< 701	• •	tate and Zip	
o. The name and addre	ess of the new registered age		
	PADRICK, THOMAS	3 A	<u></u> 4 (C)
	6602 EMIL AV	ame	O4 OCT 25 SECALTARI TALLAHASSI
	Florida street address (	(P.O. Box NOT acceptable)	## 17 22 27 22 1
	COCOA,	FL 32927	25 AM
	City, Sta	te and Zip	등일 <del>-</del>
confirmed that after the and the business office liability company, it is the members of the lim	e change or changes are made of the registered agent will hereby confirmed that the cl	ider the laws of the State of F le, the Florida street address of be identical. Or, in the case of hange(s) was/were authorized otherwise provided in the art inpany.	of the registered office of a Florida limited I by an affirmative vote of
(a)	fel		
(Signature of a member of au	thorized representative of a member)		
THOMAS A PADRIC	· · · · · · · · · · · · · · · · · · ·		
(Printed or typed name of sign	·	_	
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address I hereby confi	pointment as registered age ions of all statutes relative t and accept the obligations (if this document is being fill firm that the limited lightify.	nt and agree to act in this cap to the proper and complete pe of my position as registered a ed to merely reflect a change	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

(Signature of Registered Agent)

**FILING FEE: \$25.00**