## 103000011795

(	Requestor's Name)			
(	Address)			
. (	Address)			
(	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
		DВ		



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SECRETARY OF STATE
SECRETARY OF STATE

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: FLORIDA CLASSIC INTER (Name of I		cility Company)	<del></del>		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Chang	ge and fee(s) are submitted	for filing	g.	
Please return all correspondence concerning	_			•	•
Trease return an correspondence concerning	uns macci	to the following.			
KAREN F. HARDIE					
(Name of Person)			ΑĪς	0	
				07 SEP 24	- Free Part
FLORIDA CLASSIC INTERIORS, LLO	<u> </u>	<del></del>	出来	Ę	ti g
(Firm/Company)			A:R	24	granus n
			m~: Ma		ilentens R
11712 QUAIL VILLAGE WAY			円公	<u> </u>	
(Address)			STAI	PM 12: 46	
•			<b>63</b>	يت	
NAPLES, FL 34119					•
(City/State and Zip Code)		<del></del>			
For Contact to Comments of the most		.11.			
For further information concerning this matt	er, piease ca	ui:			
KAREN F. HARDIE	_at (239	<u>594-8586</u>			
(Name of Person)		(Area Code & Daytime 7	Геlерhоп	e Nun	nber)
STREET/COURIER ADDRESS:	M	IAILING ADDRESS:			
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
Tallahassee, Florida 32301	1.4	mianassee, Pionida 32314			
•					
Enclosed is a check for the following	ig amount:				
\$25 Filing Fee	<b>7</b> 21:	\$55 Filing Fee & Certified	Copy		

INHS18 (8/05)

## 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: FLO	RIDA CLASSIC INTERIORS, L	LC
2. The mailing address of the limited liability compar	ny is : 11712 QUAIL VILLA	GE WAY, NAPLES, FL 341,19
APRIL 2, 2003	L03000011795	•
3. Date of filing/registration in Florida	4. Document num	iber
5. The name of the registered agent and the registered Florida Department of State:	office address as shown of	on the records of the
JOHN R. HARDIE		7A 0
Nan 11712 QUAIL VILLAGE W		SEP / SEP
Addr	ess	AN CO
NAPLES, FL 34119	and Zin	m;-<
City, State and Zip  5. The name and address of the new registered agent and/or office:		PH 12: L
KAREN F. HARDIE		TATE ORIDA
Name 11712 QUAIL VILLAGE W		Þ
Florida street address (P.C	D. Box NOT acceptable)	
NAPLES, FL 34119 FL		
City, State a	and Zip	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or authorized representative of a member)	the Florida street address of identical. Or, in the case of the ca	of the registered office of a Florida limited
KAREN F. HARDIE		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con (Signature of Registered Agent)	and agree to act in this cap be proper and complete pe ny position as registered a to merely reflect a change npany has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
Division of Corporations, P.O. Bo		32314