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(Re	equestor's Name)	· <u> </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: RUSTED + WEATHERED HOME DECOR, LLC (Name of corporation)			
DOCUMENT NUMBER: 60300022134			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Scott Schwertfager (Name of person)			
RUSTED + WEATHERED HOME DECOR, LLC (Name of firm/company)	JAC	0	
3364 PARK GROVE COURT (Address)	LLAHASSE	1 1 MAP 10	Prof. Ser.
Longwood, FL 32779 (City/state and zip code)	E. FLORI	11:8 HW	- Salaran
For further information concerning this matter, please call:	ĭ.		
Scott Schwertfager at (40) 804-5353	_		

Enclosed is a \$35.00 check made payable to the Department of State.

(Name of person)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

(Area code & daytime telephone number)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 28, 2004

SCOTT SCHWERTFAGER 3364 PARK GROVE COURT LONGWOOD, FL 32779

SUBJECT: RUSTED & WEATHERED HOME DECOR, LLC

Ref. Number: W04000020925

We have received your document for RUSTED & WEATHERED HOME DECOR, 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):

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 004A00037492

DO DOV COOF Mallabarra Flacida 2001

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: RUSTED + WEATHERED HOME DECOR, L
2. The mailing address of the limited liability company is: 3764 PARK GROVE COURT
Longwood, FL 31779
6/18/2007 3. Date of filing/registration in Florida LO3000011134 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the
The Company Conferation Name 2711 Centerville Read Address Wilming Ton, DE 19808 City, State and Zip
6. The name and address of the new registered agent and/or office:
Scott Schwertfager 3364 PARK GROVE COURT Florida street address (P.O. Box NOT acceptable) Long wood FL 32779 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida 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)
Scott Schwertfager (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

FILING FEE: \$25.00

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