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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations			
SUBJECT: SHEW FAMILY ENTERPRISES, L	LC Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Richard W. Arnold, Esq. (Name of Person)	2001 SECF		
Day Ketterer, Ltd.  (Firm/Company)	JAN 22 P 12: 30 RETARY OF STATE AHASSEE, FLORIDA		
200 Market Ave. North	Z: 3:		
(Address)	<b>&gt;</b> `` <b>O</b>		
Canton, Ohio 44702			
(City/State and Zip Code)			
For further information concerning this matter, pleas	e call:		
Richard W. Arnold, Esq. at (33	0 ) 458-2017		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amou	int:		
<b>  ⊈</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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	d liability company is: Shew	Family Enterprises, LL	<u>c</u>		
2. The mailing address of	the limited liability company	is : 1316 Springhill	Ave. N.E.		
Massillon, Ohio 44646					
September 8, 2003		L0300003400	)9		
3. Date of filing/registration in Florida		4. Document number			
Florida Department of S	red agent and the registered of State:  William R. Shew  Name  17 Dolphin Lane  Address  Key Largo, FL 33037	·	own on the record SECRETARY	T	
Key Largo, FL 33037 City, State and Zip					
	of the new registered agent an  Harriette M. Shew  Name  17 Dolphin Lane  Florida street address (P.O.	-	OF STATE E, FLORIDA	Ö	
	Variable entre	33037	• •		
	City, State an	<del></del>			
confirmed that after the chand the business office of liability company, it is her	apany is not organized under thange or changes are made, the registered agent will be idealy confirmed that the change it of the limited liability company or as of the limited liability or as of the liab	e Florida street add lentical. Or, in the e(s) was/were autho	lress of the regis case of a Florida orized by an affi	stered office a limited irmative vote	
Hariette M. She (Printed or typed name of signce)		<del></del>			
I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agent an sof all statutes relative to the daccept the obligations of my his document is being filed to that the limited hability comp	ed agree to act in the proper and comple position as registe merely reflect a change has been notifi	is capacity. I furte performance red agent as proper ange in the region of the region of the region of the region of the region writing of the region of the	urther agree to e of my duties, ovided for in stered office this change.	
(Signature of Registered Agent)					

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