## \_04000006117

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## STATEMENT OF CHANGE OF RECISTERED DEFICE OR REGISTERED AGENT OR ROTH FOR EMPTYETY LIABILITY COMPANY

Pursuant to the provision	S 0 Sections 608.416 or 608.508, Florida Statutes, the undersigned limited the following statement in order to change its registered office or registered of Florida.
1. The name of the limite	d liability company is: UNIQUE CUSTOM WOODWORKING LLC.
	the limited liability company is: 11741 OSWALT RD
CLERMONT, FL 3471	
01/22/2004	L0400006117
3. Date of filing/registrati	on in Florida 4. Document number
5. The name of the registe Florida Department of S	red agent and the registered office address as shown on the records of the state:  CERNA, ANTHONY
	Name 11741 OSWALT RD.
	Address CLERMONT, FL 34711 City, State and Zip
6. The name and address of the new registered agent and/or office:	
	DANIEL F. CAPPY
	317 WASHINGTON ST. UNIT A
	Florida street address (P.O. Box NOT acceptable)
	MINNEOLA FL 34715
If the limited lightlity com	City, State and Zip  pany is not organized under the laws of the State of Florida, it is hereby in the state of Florida.
and the business office of liability company, it is her the members of the limited	ange or changes are made, the Florida street address of the registered office the registered agent will be identical. Or, in the case of a Florida difficulty confirmed that the change(s) was/were authorized by an afficient vote of liability company or as otherwise provided in the articles of organization or the limited liability company.
(Signature of a member or authorize	ed representative of a member)
Daniel F (Printed or typed name of signee)	Cappy
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)	Cappy
Division	of Cornorations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)