1204000009829

| (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: |] |
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| Office Use Only | |



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EXAMINER





S. HAWKES

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EXAMINER





November 18, 2009

JOSEPH HARTWIG 3616 LAKE UNDERHILL ROAD ORLANDO, FL 32803

SUBJECT: TILE WORKS PLUS, LLC

Ref. Number: L04000009829

We have received your document for TILE WORKS PLUS, 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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 609A00035911

Division of Companytions D.O. DOV 6997 Tellaharma Florida 99914

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| COVER LETTER | | | |
|---|--|--|--|
| TO: Registration Section Division of Corporations | | | |
| SUBJECT: The Works Plus, LLC Name of Limited Liability Company | | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Joseph Hartwis Name of Person Tile Works Plus, LLC Firm/Company 3616 Lake Underhill Road Address Orlands FL 32803 City/State and Zip Code + Ile wks & bell south met | | | |
| For further information concerning this matter, please call: | | | |
| JOANNA Connor at (407) 310 -2095 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 Area Code & Daytine Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | |
| \$25 Filing Fee \$25 Filing Fee & Certified Copy | | | |

| STATEMENT OF CHANGE OF REGISTERED OFFI BOTH FOR LIMITED LIABILITY COMPANY | CE OR REGISTERED GENT OR | |
|---|---|--|
| Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida. | 08, Florida Statutes, The amdersign Olimited r to change its registered of the change its registered | |
| 1. Name of the limited liability company: | Works Plus Bec. | |
| 2. (a) Principal office address of limited liability company | | |
| (Note: MUST BE STREET ADDRESS) | 1205 Melissa Ane Orlando, FL 37007 | |
| (b) Mailing address of limited liability company: | | |
| (Note: MAY BE POST OFFICE BOX) | SAME AS ABOVE | |
| Feb 5 th 2004 3. Date of filing/registration in Florida | <u>L04000009829</u> 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| Registered Agent: | Susan Elliott | |
| Registered Office Address: | 1205 melissa Are | |
| | Orlando, FL 32807 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | |
| NEW Registered Agent: | JOANNA Connor | |
| NEW Registered Office Address: | 3616 LAKE Underhill Ro | |
| (MŪST BE FLORIDA STREET ADDRESS) | Orlando FL 32803 | |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. | orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization | |
| Significe of a number of authorized representative of a member | - | |
| Printed or typed fame of signee | - | |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I bereby confirm that the limited liability company | gree to act in this capacity. I further agree to per and complete performance of my duties, lition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. | |

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