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SECRETARY OF STATE
TALLAHASSEF, FI OBIO.

M. THOMAS

SEP 2 2009

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Floridge Hone Firmushing Sales Propping 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:	
Mary Lynn Williams	
Name of Person	
Greg A. Betterton, PA	
Firm/Company	
735 E Venice Ave, Suite 200	
735 E Venice Ave, Suite 200  Address  Address	
Venice, FL 34285	
City/State and Zip Code  FLOR IT  REPLACE  Marylynn@bettertonlaw.com  Marylynn@bettertonlaw.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Lynn Williams at ( 941 ) 488-4422  Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\times \text{S55 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. Name of the limited liability company: FLORIDA I	HOME FURNISHING SALES GROUT
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	4545 MARIOTTI COURT, UNIT B SARASOTA FL 34233 US
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	4545 MARIOTTI COURT, UNIT B SARASOTA FL 34233 US
03/11/2004	L04000019223
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Greg A. Betterton
Registered Office Address:	981 Ridgewood Avenue, Suite 101 Venice, FL 34285
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address SR
NEW Registered Agent:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	735 East Venice Avenue Suite 300 Venice ,FL 34285
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member  DOUGLAS C. COMBS  Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 65	327, Tallahassee, FL 32314

**FILING FEE: \$25.00**