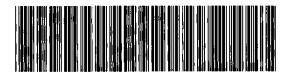
L04000047780

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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On the state of Chatter		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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**35.00

SECRETARY OF STATE TALLAHASSEE, FLORID

JUN -9 PM 1: 28

T. CLINE
JUN 10 2010

EXAMINER



June 4, 2010

CHAMPA HAWK 216 GOVERNMENT BLVD NICEVILLE, FL 32578

SUBJECT: LOC-N-STOR, LLC Ref. Number: L04000047780

We have received your document for LOC-N-STOR, 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 ହିଲା (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 010A00013935

COVER LETTER

TO: Registration Section Division of Corporations	
11.	LOC-N-STOR,LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered G	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Champa Hawk	
Name of Person	ZOIO JU SECRI TALLA
LOC-N-STOR	
Firm/Company	ZOID JUN-9 PM SECRETARY OF TALLAHASSEE, F
216 Government Ave.	
Address	PM 1: 28 OF STATE FLORIDA
Niceville FL 32578	
City/State and Zip Code	
manager@locnstor.com E-mail address: (to be used for future annual report to	notification)
For further information concerning this matter	ter, please call:
Champa Hawk	at (<u>850)</u> 678-7991
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	ng amount:
\$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. Name of the limited liability company:	LOC-N-STOR		
2. (a) Principal office address of limited liability company	y: 216 Government Ave.		
(Note: MUST BE STREET ADDRESS)	Niceville FL 32578		
(b) Mailing address of limited liability company:	Same		
(Note: MAY BE POST OFFICE BOX)			
6/24/2004	L04000047780		
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:	Saras Taveprungsenuktri		
Registered Office Address:	137 Eglin Pkwy SE XH X X X X X X X X X X X X X X X X X X		
	Ft Walton FL 32548		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address: 28 Champa Hawk		
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	216 Government Ave		
	Niceville FL ,FL 32578		
If the limited liability company is not organized under the laws of the State of Florida, it 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 prember or authorized representative of a member			
Champa Hawk Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a 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. I hereby confirm that the limited liability company	igree 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 y has been notified in writing of this change.		

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

Signature of Registered Agent