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(Re	questor's Name)		
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D. BRUCE

MAY 18 2010

EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations		
SUBJECT: CHART BENDER  Name of	E LLC 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:	
W. CRAIG FAASSEN Name of Person		
CHARTBENDER		
Firm/Company		
1460 SEAGULL DRIVE	• "1	
PALM HARBOR FL 346	85 AS	10 MAY 17 PH 3: 04
City/State and Zip Code	SEE, FLO	7 7 1 3
E-mail address: (to be used for future annual report r	notification) 기가	÷0.
For further information concerning this matt		
	at (813) 610 · 4040	_
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

Fursuant 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. CHART BENDER LLC 1. Name of the limited liability company: \_ 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) AUGUST 11, 2004 Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: BRIAN P. SLOYER Registered Agent: 95 TURTLE CREEK CIR Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 confirmed that limited liability company. or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee 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. ered Agent

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