## #10400063237

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>!</del> #)
PICK-UP	WAIT '	. MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700242250247

12/17/12--01025--031 \*\*25.00

12 DEC 17 PM 3: 3
SEURLIARY OF STAT

K.SALY EXAMINER DEC 19 2012

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT. CULTURE WITHOUT BORDERS, 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:

SCOTT R. ROST, ESQUIRE

Name of Person

SOUTH MILHAUSEN, P.A.

Firm/Company

1000 LEGION PLACE, SUITE 1200

Address

ORLANDO, FL 32801

City/State and Zip Code

srost@southmilhausen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott R. Rost

...407

539-1638

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 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: CULTURE WITHOUT	T BORDERS, LLC	
2. (a) Principal office address of limited liability compar	144 PLEASANT VALLEY DRIVE	
( <u>Note: MUST BE STREET ADDRESS</u> )	SUITE 100	
	DAYTONA BEACH, FL 32114	رم رم
	<u> </u>	100 C N
(b) Mailing address of limited liability company:	144 PLEASANT VALLEY DRIVE	
(Note: MAY BE POST OFFICE BOX)	SUITE 100	
	DAYTONA BEACH, FL 32114	
8/25/2004	1.0.40000022027	(A)
	1 Document number	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida	a Dept. of State:
		· · · · · · · · · · · · · · · · · · ·
Registered Agent:	LUTZ I. PERSCHMANN, VP	
Registered Office Address:	1182 SUWANEE ROAD	
registered office reduces.	DAYTONA BEACH, FL 32114	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NI</b>	EW Registered Office ad	dress:
(-) <u></u>		
NEW Registered Agent:	SCOTT R. ROST, ESQUIRE	<del></del>
NEW Registered Office Address:	1000 LEGION PLACE	
(MUST BE FLORIDA STREET ADDRESS)	SUITE 1200	
,	ORLANDO	,FL 32801
TO 1 12 12 131 1315	0.1.0	
If the limited liability company is not organized under the	e laws of the State of Flori	da, it is hereby
confirmed that after the change or changes are made, the and the business office of the registered agent will be ide	ntical. Or, in the case of a	Florida limited
liability company, it is bereby confirmed that the change(	s) was/were authorized by	an attirmative vote of
the members of the limited liability company or as otherwise operating agreement of the limited liability company.	vise provided in the article	es of organization or
the operating agreement of the limited liability company.		
1// /		
Signature of a member or authorized representative of a member	<del></del>	
JENS DUEBSMANN		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and	l agree to act in this capac	ity. I further agree to
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or lif this document is being filed to n address. I hereby confirm that the limited liability compa	proper and complete perfo	rmance of my duties,
Chapter 608, F.S. Or fif this document is being filed to h	nerely reflect a change in i	the registered office
address. Thereby confirm that the limited liability compa	iny has been notified in wr	iting of this chänge.
_ 1		

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

Signature of Registered Agent