

LD4 0000 79800

25 LISA LOOP
INTER SPRINGS, FL 32708

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

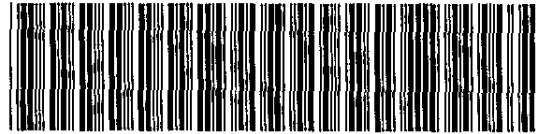
(Business Entity Name)

(Document Number)

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LD4-79800
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**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. The name of the limited liability company is: MOXIE SERVICES, LLC
2. The mailing address of the limited liability company is : 1170 EAST PAGE DRIVE
DELTONA, FL 32725

NOVEMBER 3, 2004

L04000079800

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MOXIE J. MILLER, JR

Name

1170 EAST PAGE DRIVE

Address

DELTONA, FL 32725

City, State and Zip

6. The name and address of the new registered agent and/or office:

MOXIE J. MILLER III

Name

1170 EAST PAGE DRIVE

Florida street address (P.O. Box NOT acceptable)

DELTONA

FL 32725

City, State and Zip

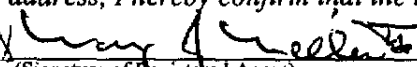
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 member or authorized representative of a member)

MOXIE J. MILLER III

(Printed or typed name of signer)

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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 23, 2004

MOXIE SERVICES, LLC
125 LISA LOOP
WINTER SPRINGS, FL 32708

SUBJECT: MOXIE SERVICES, LLC
Ref. Number: L04000079800

We have received your document for MOXIE SERVICES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 704A00066435

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