L05000008152

Barner Tropical TALL 1825 Carillon Kerk Dr. Ovicdo, FC 32765	HASSEE, FLORIDA 800046422628
(City/State/Zip/Phone #)	
(Business Entity Name)	42717/0501023002 **25.0b
(Document Number)	
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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	d liability company is: Barnes	Tropical	Wholesal	e Home & Ga	rden Decor, L
2. The mailing address of	the limited liability company is:	1825 C	Carillon P	ark Drive,	
Oviedo, FL 32765		-			
		97 F			<u></u>
January 12, 2005			00008152	·	
3. Date of filing/registration	on in Florida	4. Docu	iment numb	er	ئۆ <u>سە</u> د
5. The name of the register Florida Department of S	red agent and the registered office	e address a	ıs shown on	the records of t	he
	Sharron Medlin			-	
	Name				Mary Programmes
	2692 W. Lake Mary Blvd.	, Suite	1000		
	Address		-		and the second second
	Lake Mary, FL 32746		-	-	
	City, State and	Zip		至00 萬	,
6. The name and address of the new registered agent and/or office: Gregory B. Barnes Name					
	Gregory B. Barnes		<u> </u>	TAR ASSE	
	Name				
_	1825 Carillon Park Driv	e		THE TO	0
	Florida street address (P.O. Box	NOT acc	eptable)	器	ē.
	Oviedo, FL	32765		<u> </u>	ע
	City, State and Zi	p '		- .	
confirmed that after the ch and the business office of liability company, it is her	pany is not organized under the la ange or changes are made, the Floher registered agent will be identi- ely confirmed that the change(s) I liability company or as otherwise the limited liability company.	orida street cal. Or, in was/were :	t address of the case of authorized b	the registered of a Florida limite ov an affirmativ	office ed e vote of
(Bighature of a internoci of audiona	sed representative of a member)				
Gregory B. Barnes (Printed or typed name of signee)	The state of the s				* * * * * * * * * * * * * * * * * * * *
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter (198, F.S. Or. if it address, thereby continue (Signature of Ragistered Agent)	ntment as registered agent and as of all statutes relative to the production of my positis document is being filed to ment that the limited liability company	gree to act per and co sition as re rely reflect has been i	in this capa implete perf egistered age a change in notified in w	city. I further of ormance of my ent as provided the registered criting of this ci	igree to quties, for in office iange.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
DIVISIO	a or Corporations, P.O. Box 63.	ci, tauan:	assee, FL 5	4314	•

FILING FEE: \$25.00