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J. SAULSBERRY EXAMINER

FEB 27 2013

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: THERE'S CHAPS	NECSIDE LC Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
ERIC COLLIN Name of Person			
FINEROY CHAMISELSIDE, LLC	2013 F		
2170 MAID STREET, STE. 4	2013 FEB 26 AM & 32 SECRETARY OF SINTE TALL AHASSEFLELERIN		
SARASSITA (410 31237) City/State and Zip Code	1 & 32 SIMIE FLERIBA		
E-mail address: (to be used for future annual report potification)			
For further information concerning this matter, please call:			
Krystina Gogolyak at (9)	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		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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: $\frac{f(u) \cup f(u)}{f(u) \cup f(u)}$	BY CHANDELSIDE LLC
 (a) Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>) 	y: 2176 HAW Spect
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2170 HAID SILECT SARAKUTA FC 34237
3. Date of filing/registration in Florida	LUS Cococos 5 105 6 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	John Washer
Registered Office Address:	CARAGONIA TO BELL BC
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2170 MANU SIDETT CITE GOT CARRASSIN FL 3937
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fand the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwishe operating agreement of the limited liability company. Signature of a member or unhorned representative of a member 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 printed I am familiar with and accept the obligations of my portugates, I hereby confirm that the limited liability company. Signature of Registered Agent	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limit (2) was/were authorized by an affirmative vote of ise provided in the articles of organization or 100 miles.
Significate of Registered Agant	

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