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M. THOMAS

AUG 18 2008

EXAMINER

COVER LETTER

	tration Section ion of Corporations		
SUBJECT:	Awesome Ideas, LLC		
	(Name of Li	mited Liability Company)	
Dear Sir or M	fadam:		
The enclosed	Registered Agent/Registered Offic	c Change and fee(s) are submitted for filing.	
	all correspondence concerning this		
Janice Nu	H		
· · · · · · · · · · · · · · · · · · ·	(Name of Person)		
Incorp Ser	rvices, Inc.		
	(Firm/Company)		
375 N. Ste	ephanie St., Suite 1411		
	(Address)		
Henderso	n, NV 89014-8909		
	(City/State and Zip Code)	 .	
For further in	nformation concerning this matter, p	lease call:	
Janice Nu	11/Incorp Services, Inc. at	(702) 866-2500 ext. 2027 (Area Code & Daytime Telephone Number)	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:	
Regis	tration Section	Registration Section	
	ion of Corporations	Division of Corporations	
	n Building Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
	nassee, Florida 32301	a magazampopung a over vota of door 1. T	
Enclo	osed is a check for the following a	mount:	
⋈ \$2	5 Filing Fee	\$55 Filing Fee & Certified Copy	

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INHS18 (5/08)

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.

in the State of Florida.	
1. Name of the limited liability company: Awesome I	deas, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	ny: 5201 Kingston Pike Suite 6325
	Knoxville, TN 37919
(b) Mailing address of limited liability company:	5201 Kingston Pike Suite 6325
(Note: MAY BE POST OFFICE BOX)	Knoxville, TN 37919
08/22/2005	L05000082838
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Blorida Dent of State:
	<u></u>
Registered Agent:	C T CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD
	PLANTATION FL 33324 US
	High !
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>Ni</u>	EW Registered Office address:
NEW Registered Agent:	Incorp Services, Inc.
NEW Registered Office Address:	17888 67th Court North
MUST BE FLORIDA STREET ADDRESS)	Loxahatchee FL 33470
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is I by an affirmative vote of the members of the limited
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the signee.	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the sam familiar with and accept the obligations of my position for if this document is being filed to merely reflect confirm that the limited liability company has been notified with the limited part of his provided the same and the limited liability company has been notified with the liability with liability with the liability with	on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ied in writing of this change.

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