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JL SHOWERS JAN 2.9 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: LUXX INDUSTRIES, 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:

Erum S. Kistemaker

Name of Person

Kistemaker Business Law Group

Firm/Company

1651 N. Clyde Morris Blvd., Suite 1

Address

Daytona Beach, FL 32744

City/State and Zip Code

ekistemaker@e-kbusinesslaw.com

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

For further information concerning this matter, please call:

Erum S. Kistemaker

_{at} (386)

310-7997

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 605.0114, 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: LUXX Indu	ustries, LLC
2. (a) Principal office address of limited liability c	ompany: 1973 South Creek Blvd
(<u>Note: MUST BE STREET ADDRESS</u>)	Port Orange, FL 32128
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	y: 1651 N. Clyde Morris Blvd., Suite 2 Daytona Beach, FL 32117
09/13/2005	L0500090120
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Kistemaker Business Law Group
Registered Office Address:	1651 N. Clyde Morris Blvd., Suite:2
<u> </u>	Daytona Beach, FL 32117
	201
(b) Enter name of NEW Registered Agent and	/or NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address:	102 gr
<u>(MUST BE FLORIDA STREET ADDRES</u>	
	Daytona Beach ,FL 32117
the members of the limited liability company or as the operating agreement of the limited liability com	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
Signature of a member or authorized representative of a member	, <u>, , , , , , , , , , , , , , , , , , </u>
Donald J. Glasser	
Printed or typed name of signee	
I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 605, F.S. On if this document is being file address, I hereby confirm that the limited liability of	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, If my position as registered agent as provided for in It is a to merely reflect a change in the registered office company has been notified in writing of this change.

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