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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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J. BRYAN MAR 1 7 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Southern (Name of L	Stan Store, Com Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Christine Dassa (Name of Person)	
Southern Soap Store (Firm/Company)	E.COM.
1928 Dover Village Dr (Address)	FILED 2:56 206 MR 14 PH 2:56 2016 MR 14 PH 2:56
JUNISON IIILE, FL 300 (City/State and Zip Code)	220
For further information concerning this matter	er, please call:
Christine Dassow (Name of Person)	at (904) 695-0607 (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	g 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 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	: Southern Scap Store, com.
2. The mailing address of the limited liability of	company is: 11928 Dover Village Dr. W
	Joursonville, FL32220.
9-28-05	<u> 1050009 (6672</u>
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown on the records of the
old Christin	l Dassow Name
2,121 201	Address
Jackson	, State and Zip
$\boldsymbol{6}.$ The name and address of the new registered	agent and/or office:
new Christine	Name Name VI I (a a l Ov. West ss (P.O. Box NOT acceptable)
Florida street addre	
<u>Jacksonul</u>	State and Zip
confirmed that after the change or changes are and the business office of the registered agent valiability company, it is hereby confirmed that the	d under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited he change(s) was/were authorized by an affirmative vote by or as otherwise provided in the articles of organization ity company.
(Signature of a member or authorized representative of a mem	Det)
Christine Dassow (Printed or typed name of signee)	
I hereby accept the appointment as registered comply with the provisions of all statutes relational I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability	agent and agree to act in this capacity. I further agree to ve to the proper and complete performance of my duties, ons of my position as registered agent as provided for in a filed to merely reflect a change in the registered office thy company has been notified in writing of this change.

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

(Signature of Registered Agent)