L05000108634

,		V
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	$\sqrt{100}$



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SECRETARY OF STATE

AUG 23 AM II:

COVER LETTER

Division of Corporations		
SUBJECT: Matthew R. Cichocki, LLC (Name of Limite	ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filin	g.
Please return all correspondence concerning this r	natter to the following:	
Matthew R. Cichocki		
(Name of Person)		
Matthew R. Cichocki, LLC		
(Firm/Company)		器 6
944 Kerwood Circle		IUG 2: AHASS
(Address)		# 0 A
Oviedo, FL 32765		O6 AUG 23 AM 11: 12 SECRETARY OF STATE TALLAHASSEE PLORIDA
(City/State and Zip Code)		A" N
For further information concerning this matter, ple	ease call:	
Matthew R. Cichocki at (407) 875-9989	
(Name of Person)	(Area Code & Daytime Telephor	ne 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 am	10unt:	
\$25 Filing Fee	S55 Filing Fee & Certified Copy	

INHS18 (8/05)

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: _!		-	•
2. The mailing address of the limited liability com	ipany is : 5687 Pond Pine Pt., O	viedo, FL 32765	
11/09/2005	L05000108634		
3. Date of filing/registration in Florida	4. Document number		,
5. The name of the registered agent and the registe Florida Department of State:	red office address as shown on the	e records of the	
Corporation Service	ce Company		
	Name		_
1201 Hays Street			
A	ddress	75 OS	
Tallahassee, FL 323	301	06 AUG SECHEI TALLAHA	
City, S	tate and Zip	まだ る	
6. The name and address of the new registered age	nt and/or office:	23 I	
Matthew R. Cichoc	ki	AM II: 12 OF STATE FLORIDA	ď
	ame	SS ::	
944 Kerwood Circle			
Florida street address (P.O. Box NOT acceptable)		
Oviedo,	FL 32765		
City, Sta	te and Zip		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Matthew R. Cichocki

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the inflitted liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

INHS18 (8/05)

Change of Address

To:

Registration Section

Division of Corporations

Subject:

Matthew R. Cichocki, LLC

Dear Sir or Madam:

In addition to the enclosed Registered Agent/Registered Office Change, the Principal Address and Mailing Address of Matthew R. Cichocki, LLC is changed as follows:

Current Address:

5687 Pond Pine Pt.

Oviedo, FL 32765

New Address:

944 Kerwood Circle

Oviedo, FL 32765