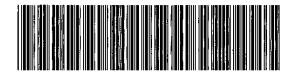
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

JUN 29 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: two Steps Name of Lim	LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Chandler Huff Name of Person	
two Steps LLC Firm/Company	SEC SALL
P.6. Box 5244 Address	JUN 26 AHASSE
N, Ce v, 1/e, F1 3257 City/State and Zip Code	09 JUN 26 PM 1: 43 SECRETARY OF STATE FALL AHASSEE. FLORIDA
E-mail address: (to be used for future annual report notific	eation)
For further information concerning this matter, I	please call:
Chaudlee Haff at Name of Person	( \$50 ) \$97-6464  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 a	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\tilde{z}'$

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: Two S	steps LLC
2. (a) Principal office address of limited liability company	4590 HWY 80 EAST
(Note: MUST BE STREET ADDRESS)	Niceville, Pl 32578
(b) Mailing address of limited liability company:	3 7
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	LOSO001146 90 3
	4. Document number
5. (a) Registered Agent and Registered Office shown on t	7
Registered Agent:	MARK A Violette PA
Registered Office Address:	42 BUSINESS CONTUR DE SUITE 311 MIRAMAR BEACH, F13255
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address:  Chandler Huff  4590 Hwy 20 E  NICEUILLE FL 32578
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office
Chandler Huse Printed or typed name of signee	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this socument is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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