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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE





COVER LETTER

TO:	Registration Section Division of Corporations							
	Division of Corporations							
SUBJ	ECT: Lov	e My	Store	LLC				
	(Name of Limited Liability Company)							
Dear	Sir or Madam:							
The e	nclosed Registered Agent/Registered	Office	Change	and fe	e(s) are submitted for filing.			
Please	e return all correspondence concernin	g this m	atter to	the fo	llowing:			
	Amy Sweet							
	(Name of Person)							
	Lough My Store I I C							
	Love My Store LLC (Firm/Company)	<u> </u>						
	2316 Kingscrest Circ	le	. <u>.</u> .	_				
	(Address)							
	Apopka, FL 32712							
	(City/State and Zip Code)							
For fu	orther information concerning this ma	itter, ple	ase call	l :				
	Amy Cwant		054		647-0120			
	Amy Sweet (Name of Person)	at (_	954) (Area :	Code & Daytime Telephone Number)			
	(Tunio of Forson)			() 1104	couche Day and Total Honor Transcer,			
	STREET/COURIER ADDRESS:		MA	AILING	ADDRESS:			
	Registration Section	Registration Section						
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327						
	2661 Executive Center Circle	Tallahassee, Florida 32314						
	Tallahassee, Florida 32301		**************************************					
Enclosed is a check for the following amount:								
✓ \$25 Filing Fee		S 5	55 Filir	g 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	l liability company is:	Love My Store LLC	· · · · · · · · · · · · · · · · · · ·			
2. The mailing address of	the limited liability co	ompany is : 2316 Kings	screst Circle, Ap	popka, F	EL 32	<u>712</u>
January 12, 2006	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L0600	0004171		 	
3. Date of filing/registration	on in Florida	4. Docum	nent number			
5. The name of the register Florida Department of S	ed agent and the registate:	stered office address as	shown on the re	cords of	the	
	Am	y Sweet				
	,	Name	*	Do:	30	
		/anwood Drive			<u>ب</u>	
		Address FL 22442		芸当	NUL	
		Beach, FL 33413 State and Zip		SSA	28	
6. The name and address o	• •	•		Y TOF S	PH PH	
	Am [,]	y Sweet		FLORID	 မွ	(Jan
-		Name	+	ᇢ而	ಏ	
_	14250 E	ast Highway 25	····			
	Florida street address	s (P.O. Box NOT accep	otable)			
_	Ocklawaha	, _{FL} 32179				
	City, S	tate and Zip				
If the limited liability composition confirmed that after the chand the business office of the liability company, it is here of the members of the limit or the operating agreement	ange or changes are managed that the confirmed that the	lade, the Florida street a ill be identical. Or, in the change(s) was/were au	address of the re he case of a Flor uthorized by an a	gistered rida limit affirmati	office ted ve vo	te
(Signature of a thember or authorize	ed representative of a member	er)				
Amy Sweet (Printed or typed name of signee)						
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	ntment as registered a of all statutes relative accept the obligation is document is being j hat the limited liabilit	gent and agree to act in e to the proper and com s of my position as regi filed to merely reflect a y company has been no	n this capacity. Applete performar Stered agent as Change in the ri Chified in writing	l further ice of my provided egistered of this c	agre duti d for i d offic chang	e to es, in :e e.
(Signature of Registered Agent)						
Division	of Corporations, P.	O. Box 6327, Tallahas	see, FL 32314			

FILING FEE: \$25.00

INHS18 (8/05)