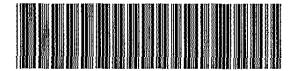
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	equestor's Name)	···· <u> </u>
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(Cit	ty/State/Zip/Phone	<b>∍</b> #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer;	
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Office Use Only



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SECRETARY OF STATIONS DIVISION 29 PM 2: 28

## **COVER LETTER**

TO:	Registration Section Division of Corporations	-	
SUBJ	ECT:	20€5 ed Liability Company)	
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this	natter to the following:	
	Michael Andre (Name of Person)	<u>=.</u>	
	Tradition Antiques (Firm/Company)		06 AUG 29
	Piheller Circle	· · · · · · · · · · · · · · · · · · ·	PM 2: 28
	Teguesta FL 3346 (City/State and Zip Code)	69	28
For fu	urther information concerning this matter, pl	ease call:	
<del></del>	Michael Andre at (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 an	nount:	
	\$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: Tradition Antiques

2. The mailing address of the limited liability company is: 11 PineTree cirCl	/e.,
Tequesta Fl 33469	
Fr6         17         2006         L0600017661           3. Date of filing/registration in Florida         4. Document number	<del></del>
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Samuel Stromberg  Name  11 Pine Tran Circla  Address  Transfer Address  Transfe	SEC
Cfty, State and Zip  6. The name and address of the new registered agent and/or office:  Michael Andre  Name  11 Pinu Tree Circle  Florida street address (P.O. Box NOT acceptable)  Teguesta FL 33469  City, State and Zip	RETARY OF STATIONS
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 voof the members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company.	
(Signature of a member or authorized representative of a member)	
Printed or typed name of signee)  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duta and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered offundaress, I hereby confirm that the limited liability company has been notified in writing of this change	e to ies, in ce
address, I hereby confirm that the limited liability company has been notified in writing of this changes (Signature of Registered Agent)	ze. 