100000019082

(Req	uestor's Name)
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	ame)
(Dac	ument Number	;)
Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	
		4
		BX13

Office Use Only



200087832662

02/09/07--01018--003 **25.00

07 FFR -0 PM 2: 56

COVER LETTER

Division of Corporations			
SUBJECT: Southeast Accessories, L			
(Name of	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Kristian Holo			
(Name of Person)			
Southeast Accessories, LLC			
(Firm/Company)			
9700 l			
8708 Jasmeen Garden Ct	**************************************		
(Address)			
Tampa , Florida , 33615			
(City/State and Zip Code)	The state of the s		
			
For further information concerning this mat	ter nlease cail:		
of latered information concerning the line	ivi, prouse our.		
Kristian Holo	at (813) 928-6315		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
 ▼ \$25 Filing Fee	\$55 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.

agent, or cont, in the state of Frontian		
1. The name of the limited liability company is: Southeast Accessories, LLC		:
2. The mailing address of the limited liability company is : 8708 Jasmeen Garden Ct		
Tampa , Florida ,33615		··-*
1 7 2000 10120		
05/29/06 LOUDOO 19US2		
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of Florida Department of State:	f the	
The Corporation Service Company		
Name		٠
1201 Hays Street		
Address	07	SEI
Tallahassee , Fl ,32301		SECR
City, State and Zip	FEB -	2H.
6. The name and address of the new registered agent and/or office:	6	35
Kristian Holo / Southeast Accessories	H	OF STATE
Name	N	ÃZ
8708 Jasmeen Garden Ct	56	<u>≅</u> ~
Florida street address (P.O. Box NOT acceptable)		·S
Tampa , FI , 33615 FL		
City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is her confirmed that after the change or changes are made, the Florida street address of the registere and the business office of the registered agent will be identical. Or, in the case of a Florida lin liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmation of the members of the limited liability company or as otherwise provided in the articles of orgo or the operating agreement of the limited liability company.	d offic nited tive v	ote
(Signature of a member or authorized representative of a member)		
KRISTIAN HOLO		
(Printed or typed name of signce)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of a and I am familiar with and accept the obligations of my position as registered agent as provide Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the register address, I hereby confirm that the limited liability company has been notified in writing of this	r agr ny dui ed for ed offi chan	ee to ties, m ice ge.
(Signature of Registered Agent)		

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