## 406000038635

(Requ	estor's Name)				
(Addre	ess)				
(Addre	ess)				
(City/S	State/Zip/Phone	<del>9</del> #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Busin	ess Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
is					

Office Use Only



000103962990

96/18/07--01016--021 \*\*250.00

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: 24HOURWEBDESIGN.COM LLC.
(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:
R.J. HAUGHEY, II
(Name of Person)
SIVYER BARLOW & WATSON
(Firm/Company)
SIVYER BARLOW & WATSON
(Address)
(Address)  TAMPA, FL. 33602  55
(City/State and Zip Code)
For further information concerning this matter, please call:
R.J. HAUGHEY, II at (813 ) 221-4242
(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 32314
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:

## 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 limite	ed liability compa	iny is: 24HOURWEBE	DESIGN.COM LLC.			
2. The mailing address o	f the limited liabi	lity company is : 8413	BLAUREL FAIR CI	RCLE SU	ITE 101	
TAMPA, FL. 33610						
04/13/2006		LO	6000038635			
3. Date of filing/registration in Florida		<del>-</del> -	4. Document number			
5. The name of the register Florida Department of		e registered office add	ress as shown on the r	records of	the	
•	R.J. HAUGI				_	
	100 S ASHLI	Name EY DR SUITE 2150	)	07 JUN 18	SIAID	
		Address		Ę	로 문	
TAMPA, FL 33602			<u></u>	18	목독	
City, State and Zip				<b>I</b>		
6. The name and address	of the new registe	ered agent and/or offic	e:	HO	957 T2	
	R.J. HAUGH	EY, II		3 AM 10: 55	Y OF STATE Y OF STATE CORPORATIONS	
	401 E JACKS	Name ON ST SUITE 222	 25	O1	<del>75</del>	
	Florida street a	ddress (P.O. Box NO	r acceptable)			
	TAMPA	FL 33602				
		City, State and Zip				
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the limit of the operating agreement.	hange or changes the registered ag reby confirmed the mited liability con it of the limited li	are made, the Florida ent will be identical. (at the change(s) was/apany or as otherwise ability company.	street address of the r	registered o orida limit	office ed	
	-	,	•			
Glenn Yea (Printed or typed name of signee)	x50n					
I hereby accept the apportude the comply with the provision and I am familiar with a Chapter 608, F.S. Or if address, I heroby confirm	ntment as registe s of all statutes r d accept the obli his document is that the limited	ered agent and agree to elative to the proper a gations of my position peing filed to merely re iability company has l	o act in this capacity. nd complete performa as registered agent a eflect a change in the been notified in writin	I further ince of my s provided registered ig of this c	agree to duties, for in office hange.	
(Signature of Registered Agent)						
Divisio	p of Corporatio	ns, P.O. Box 6327, Ta	illahassee, FL 32314	4		

**FILING FEE: \$25.00** 

INHS18 (8/05)