D000000 48870

	equestor's Name)					
(17	equestors Name)					
	ddrocc)					
(Address)						
	alalan a a \					
(Address)						
	it. (Ot-t- (7: (Dt	40				
(C	ity/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
		L				
	i Fulib. Na	-1				
, (B	usiness Entity Nam	e)				
	San					
(Document Number)						
Outside and Outside a	0 155 1					
Certified Copies Certificates of Status						
	· ·					
Special Instructions to	Filing Officer:					
	- · · · · · · · · · · · · · · · · · · ·					

Office Use Only



900075749589

06/05/06--01027--013 **25.00

SECRETARY OF STATE DIVISION OF THE PARTY OF STATE OF THE STATE OF THE





Registration Section

COVER LETTER

Division of Corporations			
SUBJECT: Marty's Stuff, LLC (Name of Limit	red Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Ann Fall (Name of Person)			
Corporate Service Center, Inc. (Firm/Company)			
5190 Neil Rd., Ste. 430 (Address)	2006 JUN -5		
Reno NV 89502 (City/State and Zip Code)	Language and the second se		
For further information concerning this matter, pl	PH 4: 22 lease call:		
Ann Fall at (877) 329-9290		
(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 am	10unt:		
\$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 limit	ed liability company	is- Marty's Stuff. LL	С			
 The mailing address of 				L. Mount Dora	·	
FL 32757	or the minica natinty	company is . <u></u>			<u>'</u>	
		1.06	000048870		·	
5/11/2006 3. Date of filing/registration in Florida			L06000048870 4. Document number			
J. Date of filling/registra	uion in Piorida	4. L	ocument nume	er		
5. The name of the regist Florida Department of		gistered office addre	ss as shown on	the records of	the	
	Ann Fall					
	5190 Neil Rd., S	Name Ste. 430				
		Address		201	ν	
Reno NV 89502			2006 JUN	SEC		
		y, State and Zip		Ş	= ## 	
6. The name and address	of the new registered	agent and/or office	:	-5	187 187	
Business Filings Incorporated			P	90		
		Name			STA A	
	1203 Governors	Square Blvd., St	e. 101	4: 22	- -	
	Florida street addre	ess (P.O. Box NOT	acceptable)	N	77	
	Tallahassee	FL 32301-29	960			
	City	, State and Zip				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lift or the operating agreement.	change or changes are f the registered agent ereby confirmed that t mited liability compa	made, the Florida s will be identical. O he change(s) was/w ny or as otherwise p	treet address of r, in the case of ere authorized	the registered of a Florida limite by an affirmativ	office ed ve vote	
(Signature of a member or autho	rized representative of a mer	nber)				
Ann Fall						
(Printed or typed name of signee	e)					
I hereby accept the apportunity with the provision and I am familiar with a Chapter 608, F.S. Or. if address, I hereby confirm (Signature of Registered Agent)	pintment as registered ns of all statutes related and accept the obligation this document is being that the limited liabion Alica De Basson Business Lilian	agent and agree to ive to the proper and ons of my position as filed to merely refulty company has be be 12000000000000000000000000000000000000	act in this capa d complete per s registered an lect a change in en notified in w	acity. I further of formance of my ent as provided In the registered vriting of this ch	igree to duties, for in office iange.	
Divisi	on of Corporations,	P.O. Box 6327, Tal	` lahassee, FL 3	32314		

FILING FEE: \$25.00

INHS18 (8/05)