LD6000054941

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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	ted liability comp	pany is: Fran	ning Crews LLC						
2. The mailing address	of the limited lia	bility compar	ny is : 1248 North Crest Ci	rcle, Eustis, FL 3	2726				
September 26, 2007	a de la companya de l		L06000054941		<u>.</u>				
3. Date of filing/registration in Florida			4. Document number						
5. The name of the regis Florida Department of	f State:	Ū	office address as shown	on the records o	f the				
	Wanda Schr		<u></u>	·	,				
	1248 North C	Nan rest Circle Addr	·	• ,					
	Eustis, FL 327		C35						
	24040, 12 02.	City, State	and Zip	=					
6. The name and address	2001 OCT SECRET	四							
	Alex Schmitz			ASA T					
	A P SEE, F	FILED							
	1248 North Crest Circle Florida street address (P.O. Box NOT acceptable)				D				
	riorida street	addiess (1.C	. Dox 1101 acceptable	U 09 STATE					
	Eustis	FL	32726						
		City, State a	and Zip	•					
If the limited liability co confirmed that after the cand the business office of liability company, it is ho of the members of the li or the operating agreement	change or change of the registered a	es are made, to agent will be	the Florida street address identical. Or, in the case	of the registered	l office ited				
Landa I	100								
(Signature of a member or author	orized representative o	f a member)	**						
Wanda Schmitz	\mathcal{I}								
(Printed or typed name of signed	e)	. ,							
I hereby accept the appe comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	ointment as regis ns of all statutes nd accept the obt this document is n that the limited	stered agent of relative to the ligations of n being filed to liability con	ind agree to act in this ca he proper and complete p hy position as registered in his merely reflect a change hipany has been notified in	pacity. I further erformance of m agent as provide in the registere n writing of this	r agree to y duties, d for in d office change.				
(Signature of Registered Agent)			ye voggage.						

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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1. The name of the limite	d liability compa	any is: Framing Cr	ews LLC		
2. The mailing address o	f the limited liab	ility company is:	1248 North Crest Ci	ircle, Eustis	, FL 32726
September 26, 2007		<u> </u>	L06000054941		
3. Date of filing/registrat	ion in Florida	 , ,	4. Document nur	mber	
5. The name of the register Florida Department of	ered agent and th State:	e registered office	address as shown	on the reco	ords of the
-	Wanda Schm	itz			
		Name			
	1248 North Cre	est Circle			
		Address		•	
	Eustis, FL 3272		-	_	
		City, State and Z	ip	•	
6. The name and address	of the new regist	ered agent and/or	office:		
	Alex Schmitz			. AZ	×
	1248 North Cre	Name st Circle		CRE	
	Florida street a	address (P.O. Box	NOT acceptable)	SSA	
	Eustis	FL 327	26	<u> </u>	<u>m</u>
	(City, State and Zij)	#07.	· (7
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement.	hange or changes the registered agreeby confirmed to inted liability con it of the limited I	s are made, the Flogent will be idention that the change(s) mpany or as other liability company.	orida street address cal. Or, in the case was/were authorize	Fonda, if of the region of a Floridad by an af	s hereby istered office da limited firmative vote
(Signature of a member or author	fzed representative of	a member)			
Wanda Schmitz	\bigcirc		: *		
(Printed or typed name of signee)			. 6 <u>. 18</u>		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)		ered agent and ag relative to the pro gations of my pos being filed to mer liability company	ree to act in this co per and complete p ition as register p ely reflect a change has been notified i	apacity. I j erforman agent as pr e in the reg n writing o	further agree to e of my duties, rovided for in fistered office of this change.
Divisio	on of Corporatio	ons, P.O. Box 632	7, Tallahassee, FI	32314	

FILING FEE: \$25.00