## 1000008312

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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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12/06/07--01023--021 \*\*43.75

FILED

08 JAN -4 PM 2: 40

SECRETARY OF STATE
AND SEEF LORIDA

D. BRUCE

JAN 0 4 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Finish Project (Name of Al	ien Business Organization)			
Dear Sir or Madam:				
The enclosed Designation of Registered Agent are submitted for filing.	nd Registered Office for Alien Business Organ	nization a	and fee	:(s)
Please return all correspondence concerning this	matter to the following:			
Lewis Ashton (Name of Person)				
Finish Project LA (Firm/Company)	(C	SECT TALL/	الـ 80	
1914 Lochshyre Loop (Address)	)	RETARY OF	08 JAN -4 PF	d manual
Oce F/ 3476/ (City/State and Zip Code)	<del></del>	STATE FLORIDA	PH 2: 40	
For further information concerning this matter, pl	ease call:			
Xewis Ashton at (3 (Name of Person) (Are	21 ) 297-924/ ea 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 amount:				
\$35.00 Filing Fee	\$43.75 Filing Fee & Certified Cop	у		

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Finish Projec (Name of Limite)	+ 11C d 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 m	natter to the following:		
Lewis Ashton (Name of Person)	· · · · · · · · · · · · · · · · · · ·		
FINISH Project (Firm/Company)	TALLAHASS		
1914 Lochshyre Loop (Address)	PM 2: 40 SEE. FLORID		
OCOCC F/ 3476/ (City/State and Zip Code)	ATE DRIDA		
For further information concerning this matter, ple	ase call:		
Lewis Ashton at (at (	(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 amount:			
\$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: Finish Project LLC.
2. The mailing address of the limited liability company is: 1914 Lochshyre.
Loop Ocoee F1 3476/
1-2-07 106000 108312
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 the Florida Department of State:  Susinges Times in Corporate
Business Fings in Corporated  Name  So25 Exelsian Dr Suite 200  Address  Address  City, State and Zip  Suite 200
City, State and Zip
6. The name and address of the new registered agent and/or office:
Lewis Histon
Florida street address (P.O. Box NOT acceptable)
D D D D D D D D D D D D D D D D D D D
City, State and Zip
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 vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
Lewis Ashtow
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

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