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(Re	equestor's Name)		
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Eight Nine, LLC (Name of Limited Li	iability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Troy Caldwell (Name of Person)		
Eight Nine LLC (Firm/Company)	07 MAY 18 SECRETAR SECRETAR SECRETAR SS	
2270 Griffin Road #5	PH 3: 55	
(City/State and Zip Code)		
For further information concerning this matter, please	call:	
(Name of Person) at (80	(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 amoun	nt:	
\$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:	Eight Nine, LLC	·
2. The mailing address of the limited liability comp	pany is: 2270 Griff	in Road #558
	Lakeland, Fi	,
Feb. 6,2007	L0700001	3383
3. Date of filing/registration in Florida	4. Document numb	
5. The name of the registered agent and the register Florida Department of State:  Troy Caldw  N  2320 Black  Ac  Clearwater, St.  6. The name and address of the new registered agent.	ell Jame L Cak Lane Idress FL 33763 ate and Zip	O7 MAY I E SECRETAR TALLAHAS
Troy Cald Na 2270 Griffin	me Rd. #558 P.O. Box <b>NOT</b> acceptable)	PM 3: 55
If the limited liability company is not organized un confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the clof the members of the limited liability company or or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability of a member)  [Printed or typed name of signee]  I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and lam tamiliar with and accept the obligations of the limited liability of the lia	le, the Florida street address of be identical. Or, in the case of hange(s) was/were authorized as otherwise provided in the acompany.	The registered office fa Florida limited by an affirmative vote articles of organization
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of	nt and agree to act in this cape o the proper and complete per of my position as registered ag ed to merely reflect a change in company has been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.

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