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(Requestor's Name)			
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SECRETARY OF STATE

B. BOSTICK

AUG - 6 2012

EXAMINER

COVER LETTER

*Registration Section Division of Corporations			
SUBJECT: Sugar Be Name of Lin	each Weddings L nited Liability Company	<u>(C</u>	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for	or filing.	
Please return all correspondence concerning th	is matter to the following:		
Jennifer Butan Name of Person			
Burten Law and T. He, P	<u></u>	12 AL SECR FALLA	anto
151 May Esker Blud STE Address	50ZA	AUG -3 PH 3: 00 GREIARY OF STATE AHASSEE, FLORID	TITO
May Glu, FL 3257 City/State and Zip Code	· 9	3: 00 STATE LORIDA	
E-mail address: (to be used for future annual report not	T.He. com ification)		
For further information concerning this matter	r, please call:		
Jennier Buta Name of Person	at (<u>850</u>) <u>362-0278</u> 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		
Énclosed is a check for the following	g amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified C	Сору	

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. Sugar Beach Weddings 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) B2/23/2007 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Reeder, Tracy Registered Agent: Registered Office Address: (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. This her agree comply with the provisions of all statutes relative to the proper and complete performance of my dutional I am familiar with and accept the obligations of my position as registered agent as provided for 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

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