(F	Requestor's Name)
(/	Address)
(/	Address)
· ·	,
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ē	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	A. LUNT
	APR <b>29</b> 2009

Office Use Only

**EXAMINER** 



500152679955

04/27/09--01034--023 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Door to Door Lab LLC (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing 25	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. The Please return all correspondence concerning this matter to the following:  APR 27	
Gregory S. Smith (Name of Person)  English (Name of Person)	2.23
Door to Oor Lab, LLC (Firm/Company)	
P.O. Box 1584 (Address)	
Torpon Springs Fla. 34689 (City/State and Zip Gode)	
For further information concerning this matter, please call:	
Gregory S. Smith at (787) 743-6879  (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 \$\infty\$ \$25 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. Name of the limited liability company:	Door to Door Lab, LLC
2. (a) Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	^
(170H) MYOSI BESINEDI MEDINESSO)	Falm Harbor, Fla. 34683
(b) Mailing address of limited liability compa	P.O.Box 1584
(Note: MAY BE POST OFFICE BOX)	Tarpon-Springs. Fla. 34689
	Zag Zag
	107000001030
april 24 2009	L070000a4a58 7 7
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dent. of State:
	with on the records of the Florida Dept. of States.
Registered Agent:	
Registered Office Address:	
(b) Enter name of <b>NEW Registered Agent</b> and/	or NEW Registered Office address:
NEW Registered Agent:	
	965 Canino Ct.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	5)
	PAlm Flarbor, FL 34683
that after the change or changes are made, the Florid office of the registered agent will be identical. Or, it	ler the laws of the State of Florida, it is hereby confirmed la street address of the registered office and the business in the case of a Florida limited liability company, it is prized by an affirmative vote of the members of the limited ticles of organization or the operating agreement of the
Ó	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to am familiar with and accept the obligations of my po F.S. Or, if this document is being filed to merely ref confirm that the limited liability company has been r	t and garee to act in this canacity. I further garee to

(Signature of Registered Agent)