

(Requestor's Name)
(Address)
(Address)
(12.23)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Scomess Energy Name)
(Document Number)
Certified Copies Certificates of Status
Consider Instructions to Filling Officer:
Special Instructions to Filing Officer:

Office Use Only



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B. BOSTICK

JUL - 8 2013

**EXAMINER** 

## **COVER LETTER**

_	tration Section ion of Corporations		
SUBJECT:	•	ited Liability Company	
	Name of Lini	ned Liability Company	
Dear Sir or M	1adam:		
The enclosed	Registered Agent/Registered Office	ce Change and fee(s) are submitted for fi	ling.
Please return	all correspondence concerning this	matter to the following:	
lame-	s Krawczyk		
JAMES	Name of Person		
KRAW	CZYK LLC		~
	Firm/Company		201: A[[[
2750	TAYLOR AVE, SUIT	ΕA	JUL -5
	Address		( T) pro-
00100	100 6 22906		AH 10: 50
ORUM	City/State and Zip Code		35. 35.
ike	City/State and Zip Code  Cheyjk.com  Tress: (to be used for future annual report notificial)		0,
<b>©</b> mail add	ress: (to be used for future annual report notifi	cation)	
For further in	nformation concerning this matter, p	please call:	
JAMES	KRAWCZYK ai	(407) 590 5758	
	Name of Person	Area Code & Daytime Telephone Numi	ber
	EET/COURIER ADDRESS:	MAILING ADDRESS:	
_	tration Section ion of Corporations	Registration Section Division of Corporations	
	n Building	P.O. Box 6327	
	Executive Center Circle nassee, Florida 32301	Tallahassee, Florida 32314	
Encle	osed is a check for the following a	imount:	
□ \$2:	5 Filing Fee	□ \$55 Filing Fee & Certified Copy	v

## 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.

ageni, or boin, in the State of Ftortaa.				
1. Name of the limited liability company: KRAWC	ZYK LLC			
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	SUITE A ORLANDO, FL 3280			<del></del>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3235 INVERNESS OPLANDO, h 328	COUR Ob	-T	
3/19/2007	L0700002985	<u>-</u> 9		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida D	ept. of S	tate:	
Registered Agent:	JAMES KRAWCZ	YK.	<u></u>	
Registered Office Address:	JAMES KRAWCZ 1931 BAXTER AM ORLANDO, FL 3280	26 E.E.	2013 July	<u> </u>
		- SS	<u>,</u>	Promote s
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office addre	ess -	⊐c	. 1
NEW Registered Agent:		\$5.50 Tolling	<u>10:</u>	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3235 INVERNESS	COUR	<del>1</del> 6.	
	ORLANDO	,FL_	328	06
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the rical. Or in the case of a Fl	registered orida lim	d office uited	e te of or
Signature of a member or authorized representative of a member				
JAMES KRAWCZYK	·			
Printed or typed name of signee	<del>-</del>			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pranal I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. oper and complete perform sition as registered agent a rely reflect a change in the y has been notified in writir	I furthe ance of n is provide registere ig of this	r agreeny dutied for it ed for it ed office chang	e to es, in e e,e
Signature of Registered Agent				

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