L07000030676

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D. BRUCE MAR 0 7 2017

COVER LETTER

	sion of Corporations			
SUBJECT:	I've Been Framed LLC			
	Nar	ne of Limite	d Liability Company	
Dear Sir or N	Madam;			
The enclosed	d Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing	ţ.
Please return	all correspondence concerning th	is matter to	the following:	
Diane L. F	Roberts			
	Name of Person			
I've Been I	Framed LLC			
	Firm/Company			₽ ₀ ~
1410 Pine	Ridge Rd Ste 12			2017 MAR -6 SECRETARY ALLAHASSE
	Address			R - E
Naples, FL	_ 34108			
	City/State and Zip Code		ALANTHAN TO THE ALANT	2: 2 DRID ORID
naples@th	negreatframeup.com) A 8
E-mail	address: (to be used for future and	nual report n	otification)	
For further is	nformation concerning this matter	, please call:		
Diane L Ro	oberts	239	262-4723	
	Name of Person		Area Code & Daytime Tele	phone Number
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations con Building Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Encl	losed is a check for the following	g amount:		
X s:	25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Name of the limited liability company:	amed LLC		
2. (a)	(b)		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1t410 Pine Ridge Rd. Ste 12			
	Naples, FL 34108			
	2-13-2017	L070	00030676	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Casey K. Weidenmiller			
J. (a	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	of State:	
	9045 Strada Stell Ct.			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	70F	
	Ste 400		2017 NAR	
	Naples , F	_{L_} 34109	AND I where	
(b	Diane L. Roberts		FILED 2017 MAR -6 P 2: 2 SECRETARY OF STATE VALLAHASSEE, FLORID	
(0	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	2: 2 TATE	
	I've Been Framed LLC		₩ .88	
	NEW Registered Office Address:	· ·		
	1410 Pine Ridge Rd Ste 12			
	Naples , F	_L 34108		
the cagent was/v	e limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ribles of organization or the operating agreement of the members.	of the registered liability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.	
Signature of a member or authorized representative of a member			Printed or typed name of signee	
provi the o to me	reby accept the appointment as registered agent and as isions of all statutes relative to the proper and complet bligations of my position as registered agent as providerely reflect a change in the registered office address, and in writing of this change.	gree to act in this le performance o led for in Chapte I hereby confirm	s capacity. I further agree to comply with the f my duties, and I am Jamiliar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been	
Signa	ture of Registered Agent			

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