

## Florida Department of State Division of Corporations

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Fax Number : (850) 617-6383

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Phone Fax Number

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## LLC REGISTERED AGENT CHANGE THE CORNER STORE, LLC

Certificate of Status	0
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## 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.	1. Name of the limited liability company: THE CORNER STORE, LLC			N N	2				
2.	(a)	Principal office address of limited l	iability company:	121 REYNOLDS STREET	1200 1200 1200 1200 1200 1200 1200 120	20			
		(Note: MUST BE STREET ADD	RESS)		Ä	<u>-</u> E			
				PLANT CITY FL 33563 US	\ <u>\S</u>	1	_=		
					<del>- M-₹</del>	क	~{		
	(b)	Mailing address of limited liability	company:	121 REYNOLDS STREET	,mg		T		
	(+)	(Note: MAY BE POST OFFICE BOX)	ROY)			<b>*</b>			
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3.	Dat	e of filing/registration in Florida	4	1. Document number					
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		Registered Agent:		THE LAW OFFICES OF NICK SPRADLIN, P	LLC		_		
		Registered Office Address:		12000 N DALE MABRY HWY					
		_		#110		· ·	_		
				TAMPA FL 33618 US			_		
		NEW Registered Agent:		THE LAW OFFICES OF NICK SPRADLIN, P	LLC				
		NEW Registered Office Address:	18952 N DALE MABRY HWY						
	(MUST BE FLORIDA		STE 102	_		_			
		MUSI BE FLURIDA SIREEI A	(DDKESS)		FI 22540		-		
			LUTZ	_,FL <u>33548</u>					
and lia the the	d the bilit	imited liability company is not organed that after the change or changes business office of the registered agy company, it is hereby confirmed the mbers of the limited liability comparating agreement of the limited liab	are made, the Flo ent will be identi- nat the change(s) ny or as otherwis ility company.	orida street address of the regical. Or, in the case of a Floric was/were authorized by an aff	stered of la limited firmative	l vote	of		
NIC	KOLA	S J. SPRADLIN, ESQ. AUTHORIZED REPRESENTATI	VE.						
Pri	nted	or typed name of signee		•					
I i con an Cr	here mply d I d apte dres	by accept the appointment as registe with the provisions of all statutes rum familiar with and accept the obliger 608, F.S. Or, if this document is to be a limited to the confirm that the limited to the confirm that the limited to	rred agent and ag elative to the pro gations of my pos seing filed to mer iability company	ree to act in this capacity. I per and complete performanc ition as registered agent as p ely reflect a change in the reg has been notified in writing o	further as e of my a rovided f gistered o of this cha	gree t luties or in ffice inge.	0		
Sig	gnatus	e of Registered Agent	<u>'1\\\</u>						
		Division of Corporation	ns. P.O. Box 637	7. Tallahassee, FL 32314					

**FILING FEE: \$25.00** 

INH\$18 (05/08)