## LD7000067332

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Address)                               |                    |           |
| (Ad                                     | ldress)            |           |
| (Cirl                                   | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bu                                     | siness Entity Nan  | ne)       |
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T. HAMPTON

MAR 1 9 2009

EXAMINER

## **COVER LETTER**

| Division of Corporations  |  |  |  |
|---|--|--|--|
| SUBJECT: The Purple Elephant LLC (Name of Limited Liability Company)                        |  |  |  |
| (Name of Limited Liability Company)   |  |  |  |
|   |  |  |  |
| Dear Sir or Madam:  |  |  |  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |  |  |  |
| Please return all correspondence concerning this matter to the following:                   |  |  |  |
|   |  |  |  |
| NO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |  |
| Melanie Williamson (Name of Person)   |  |  |  |
|   |  |  |  |
| The Punple Elephant LLC   |  |  |  |
| (Firm/Company)  |  |  |  |
| Tra Blied of Chairman   |  |  |  |
| 759 Blvd. of Champions (Address)  |  |  |  |
|   |  |  |  |
| Shaliman Fe 32579   |  |  |  |
| (City/State and Zip Code)   |  |  |  |
| For further information concerning this matter, please call:                                |  |  |  |
| 1 of farther information concerning this matter, please can.                                |  |  |  |
| Melanie Williamson at (80, 621-3109   |  |  |  |
| (Name of Person) at (FSU) 621-3109 (Area Code & Daytime Telephone Number)                   |  |  |  |
|   |  |  |  |
| STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section          |  |  |  |
| Division of Corporations  Division of Corporations  Division of Corporations                |  |  |  |
| Clifton Building P.O. Box 6327  |  |  |  |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301          |  |  |  |
|   |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |
| \$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy                                |  |  |  |

INHS18 (5/08)

## 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.

| The State of 1 to tau.  |   |
|---|---|
| 1. Name of the limited liability company: The Pa  | upple Elephant LLC  |
| 2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )  | 5haliman it 32579   |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |   |
| 3 / 10 (09 3. Date of filing/registration in Florida  | <u>L0 9000067332</u><br>4. Document number  |
| 5. (a) Registered Agent and Registered Office shown on the Registered Agent:  Business filiuse  | he records of the Florida Dept. of State:   |
| Registered Agent: Business Glives Registered Office Address: Inc  | 1203 GIVENOR Square BVd. S<br>Talanasseci Fi<br>32301-2960  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>   | V Registered Office address:  |
| NEW Registered Agent:   | Melanie Williamsun  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | Shallman, fr. 32579   |
| If the limited liability company is not organized under the lattat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by Nability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member) | address of the registered office and the business   |
| Melanie A. Williamson<br>(Printed or typed name of signee)  | -   |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified   | gree to act in this capacity. I further agree to<br>per and complete performance of my duties, and I<br>as registered agent as provided for in Chapter 608,<br>hange in the registered office address, I hereby<br>in writing of this change. |
| Signature of Registered Agent)  | DIVISE SE   |

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