L070000071019

| , | (Requestor's Name) | | | | | | |
|-------------------|--------------------------|--|--|--|--|--|--|
| | (Address) | | | | | | |
| | (Address) | | | | | | |
| | (City/State/Zip/Phone #) | | | | | | |
| PICK-U | P WAIT MAIL | | | | | | |
| | (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | Certificates of Status | | | | | | |

Special Instructions to Filing Officer:

A. LUNT

JUN -9 2010

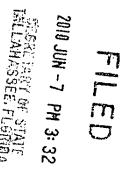
EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (5/08)

| Division of Corpora | itions | | | | | | |
|--|--------------------------|--|-------------|-----------|--------------------|-------------|-------------|
| SUBJECT: | Mainga | ate Er | nbroid | dery Pl | lus LLC | | |
| | Name of 1 | Limited | l Liabil | ity Com | ipany | | |
| Dear Sir or Madam: | | | | , | | | |
| The enclosed Registered A | gent/Registered (| Office (| Change | and fee | (s) are submitted | for filing. | |
| Please return all correspond | lence concerning | this m | atter to | the foll | owing: | | |
| Kenne | th R Batt Jr | | | • | | | |
| Name | of Person | | | _ | | | |
| | | | | | | | |
| Firm/6 | Company | | | <u> </u> | | 100 CV 7 | 2010 |
| · mab | Sompany | | | | | 至是 | ١ |
| 3020 S | W Bridge St | | | | | 7.2 | 7- NUL DIOS |
| | ress | | | | | ## ### | 1 |
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| Don't Ct Lunia | CL 24052 220 | 20 | | | | | ယ္ |
| Port St Lucie, FL 34953-3209 City/State and Zip Code | | | | | 一 | 32 | |
| City/State | and Zip Code | | | | | Te- | |
| maingateplu E-mail address: (to be used fo | ıs@bellsouth.ne | et | | | | | |
| E-mail address: (to be used fo | r future annual report i | notificatio | on) | | | | |
| For further information con | cerning this mat | ter, ple | ase call | : | | | |
| Kenneth R B | att Jr | at (| 561 |) | 373-411 | 11 | |
| Name of Person | | _ `_ | | Area Code | & Daytime Telephon | e Number | |
| STREET/COURIER Registration Section | | MAILING ADDRESS: Registration Section | | | | | |
| Division of Corporati Clifton Building | OHS | Division of Corporations P.O. Box 6327 | | | | | |
| 2661 Executive Center | | | | | | | |
| Tallahassee, Florida 3 | | | | Ź | | | |
| Enclosed is a check | k for the followin | ng amo | ount: | | | | |
| \$25 Filing Fee | | \$55 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.

| me of the limited liability company: Maingate Embroidery Plus LLC | | | | | | |
|--|--|--|--|--|--|--|
| npany: 3020 SW Bridge S | 3020 SW Bridge St | | | | | |
| Port St Lucie, FL 34953 | | | | | | |
| 3020 SW Bridge St | 3020 SW Bridge St | | | | | |
| Port St Lucie, FL 34953 | | | | | | |
| L07000071019 | | | | | | |
| 4. Document number | | | | | | |
| n on the records of the Florida Dept. of Sta | ate: | | | | | |
| BUSINESS FILINGS INCORPOR | RATED | | | | | |
| 1203 GOVERNORS SQUARE B | 1203 GOVERNORS SQUARE BLVD | | | | | |
| TALLAHASSEE FL 32301 US | · | | | | | |
| NEW Registered Office address: | | | | | | |
| Kenneth R Batt Jr | Kenneth R Batt Jr | | | | | |
| 3020 SW Bridge St | 3020 SW Bridge St | | | | | |
| Port St Lucie ,FL 34 | 4953 | | | | | |
| the laws of the State of Florida, it is hereby the Florida street address of the registered identical. Or, in the case of a Florida limit ge(s) was/were authorized by an affirmation otherwise provided in the articles of organizable. and agree to act in this capacity. I further the proper and complete performance of my position as registered agent as provided on merely reflect a change in the registered appany has been notified in writing of this company has been notified in writing of the company has been notified in writing t | office | | | | | |
| n idea | Port St Lucie, FL 34953 3020 SW Bridge St Port St Lucie, FL 34953 L07000071019 4. Document number on the records of the Florida Dept. of Sta BUSINESS FILINGS INCORPO 1203 GOVERNORS SQUARE B SUITE 101 TALLAHASSEE FL 32301 US NEW Registered Office address: Kenneth R Batt Jr 3020 SW Bridge St Port St Lucie ,FL 3 the laws of the State of Florida, it is herele Florida street address of the registered dentical. Or, in the case of a Florida limit (ses) was/were authorized by an affirmation therwise provided in the articles of organization. | | | | | |

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