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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PB And J Gitts and Collectibles CCC (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:
Jerry Sheffield (Name of Person)
PB and J Gitts and Collectibles LLC (Firm/Company)
PO BOX 151273 (Address) 22915
Cape Coral of Edition (City/State and Zip Code)
For further information concerning this matter, please call:
Anna Sheffield at (239) 898- Clob (Name of Person) at (239) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$25 Filing Fee & Certified Copy

INHS18 (8/05)

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. The name of the limited liability company is: PB	and J Giffs and Collection	oles
2. The mailing address of the limited liability company	y is: PO BCK 151273	<u></u> .
Cape Coral, Fl 33915		•
8/13/07	L070000 82513	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered of Florida Department of State: The Lindsay Name State: Name 1108 Sw 24h	Law Firm Blud. Blud. SECRETARY SECRETARY SECRETARY OF AUG 30 PH	ማ ባ መነ
Florida street address (P.O.	en e An tel	
Cape (c)(a \ FL City, State an	33991 nd Zin	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company of a member or authorized representative of a member) Sheffeld (Printed or typed name of signee) I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of member of the confirmity of the limited liability company. I hereby confirm that the limited liability company.	the laws of the State of Florida, it is hereby he Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.	
Strongting of Registered Agents		

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