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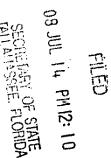
(Requestor's Name)		
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M. THOMAS

JUL 1 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Michael's Framing LLC (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:		
Michael Mig Rae (Name of Person)		
Michael's Franing LLC (Firm/Company)		
36919 Thornhaven Lane		
Pade City Fla 33.523 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Michael Michael at (813) 7661834 (Name of Person) at (813) 7661834 (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 \$\infty\$ \$25 Filing Fee & Certified Copy		

OB JUL 14 PH 12: 10

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

Pursuant to the provisions of sections 608.416 or 608.50 company submits the following statement in order to chain the State of Florida.	8, Florida Statutes, the undersigned limited liability nge its registered office or registered agent, or both,
1. Name of the limited liability company: Micha	els Framing, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Lutz Fla 33549 Chauge
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Dade City Flu 33523 follows 36919 Thorn haven Lare
Sept. 10/2007 3. Date of filing/registration in Florida	1. Document humber 000 9 1936
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Corporation Services Compa
Registered Office Address:	1201 Haysstreet
	Tallahassee F/ 32301 5
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Agent:	Michael D. MiRae
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Dade City FL 33523
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	_
Michael D. Michael (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	igree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.

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