L07000093293

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
•		
(Business Entity Name)		
(Dusiness Entry Name)		
,		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
A. LUNT		
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SEP 2 4 2008		
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SECRETARY OF STATE
ALLAHASSEE, FI ORIGO

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Octdoor (Nat	me of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Donald Young	· •	
(Name of Person) Outcloor Addict (Firm/Company) 1402 w. University # (Address)	SECRE TARY OF STATE ALLAHASSEE. FLORIDA	
Cainesuille F1 326 (City/State and Zip Code)	· 03	
For further information concerning this n	natter, please call:	
1 Onald Houn 5 (Name of Person)	at (<u>352</u>) <u>336-9349</u> (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 follo	owing amount:	
\$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.

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1. Name of the limited liability company: Ovidoor	Addict. L.L.C.		
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 14414 Nw 60+ Ave		
(Note: MUSI BE STREET ADDRESS)	Alachue, F1 32615		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
9 13 07 3. Date of filing/registration in Florida	<u>L07000093293</u> 4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Equat. (a) State:			
Registered Agent:	OR SEP		
Registered Office Address:	ASSEE OF A		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW</u> Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1402 w. university Ave Character SET Gainesville FL 32603		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Company C			
(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 proam 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	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address. I hereby in Writing of this change.		
trignature of Registered Agent)			

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