## L07000111399

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SECRETARY OF STATE
ORID

C. LEWIS

JUN 2 2010

EXAMINER

## COVER LETTER

Division of Corporations		
SUBJECT: Don	naine & Traditions LLC	
Name of	Limited Liability Company	
Dear Sir or Madam:		
2 on 52 of financia		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jonathan Chiri		
Dimaine & Traditions	LLC	
201 Royal Daks	Ct.	
Lodi, CA. 9524  City/State and Zip Code		
Jon @ domaine-traditions, com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Renald Prebe	at 904 638-4676  Area Code & Daytime Telephone Number	
Name of Person	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	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

TO: Registration Section

## 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.

2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  11/02/2007  11/02/2007  12/07  13/07  15/07  16/07  17/07  17/07  18/	Name of the limited liability company:	Domaine & Traditions LLC
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  11/02/2007  10/000111399  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  17885 67th Court North  Loxahatchee ,FL33470  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.  Signapor of presented of signee	2. (a) Principal office address of limited liability comp	pany: 5450 Bruce B. Downs Av.
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  11/02/2007  10/000111399  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  17885 67th Court North  Loxahatchee ,FL33470  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.  Signapor of presented of signee	(Note: MUST BE STREET ADDRESS)	Led SAMPAN Wesley Chapel, FL 33544
11/02/2007  1. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept, of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  17888 67th Court North  Loxahatchee  FL 33470  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.  Signature of anne of signee	(b) Mailing address of limited liability company:	201 Royal Oaks Ct.
3. Date of filing/registration in Florida 4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  SMITH, JAMES F  217 CENTRE STREET SUITE 5  Amelia Island, FL 32034  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  17888 67th Court North  Loxahatchee	(Note: MAY BE POST OFFICE BOX)	Lodi, CA. 95241
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  SMITH, JAMES F  Registered Office Address:  217 CENTRE STREET SUITE 5  Amelia Island, FL 32034  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Agent will be identiced.  NEW Registered Office Address:  NEW Registered Office Address:	11/02/2007	L07000111399
Registered Agent:  Registered Office Address:  217 CENTRE STREET SUITE 5  Amelia Island, FL 32034  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  InCorp Services, Inc.  17888 67th Court North  Loxahatchee,FL 33470  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.  Signature of a member of authorized representative of a member  On Man Chiri  Printed or typed name of signee	3. Date of filing/registration in Florida	4. Document number
Registered Office Address:    217 CENTRE STREET SUITE 5	5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address  NEW Registered Office Addr	Registered Agent:	SMITH, JAMES F
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NEW Registered Office Address:  MEW Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)  In Corp Services, Inc.  17888 67th Court North  Loxahatchee		Amelia Island, FL 32034
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Printed or typed name of signee	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 chang of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of the provided in the articles of organization.
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	Bit I di	<del></del>
		nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Registered Agent	TARRA F. TARRA G. T.	. 2

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

INHS18 (05/08)

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