

L V 7 U W 1 1 7 1 9 4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR

JUL 12 2011

EXAMINER



400209818474

07/12/11--01007--024 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 JUL 12 AM 11:04
NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 12 PM 3:45

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MICHELE HOLDEN

DATE: 07/12/2011

REF. #: 000710.150557

CORP. NAME: WEEKEND FURNITURE BARGAINS OF THOMASVILLE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 12 PM 3:45

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF REGISTERED AGENT | | |

STATE FEES PREPAID WITH CHECK# 540586 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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. Name of the limited liability company: Weekend Furniture Bargains of Thomasville, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

317 INDUSTRIAL BLVD.
THOMASVILLE GA 31792

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

317 INDUSTRIAL BLVD.
THOMASVILLE GA 31792

11/21/2007

L07000117194

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:

WALLACE, NANCY M

Registered Office Address:

106 EAST COLLEGE AVE., SUITE 1200
TALLAHASSEE FL 32301 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NRAI SERVICES, INC.

NEW Registered Office Address:

515 EAST PARK AVENUE

(MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

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.

Michele Holden

Signature of a member or authorized representative of a member

MICHELE HOLDEN, AUTHORIZED REP

Printed or typed name of signee

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.

Michele Holden, Asst. Sec.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00