L0800010072

(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dualities Efficie Harrie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:		2-Michaels LLC Liability Company	
Dear Sir or Madam:			
The enclosed Registered	Agent/Registered Office C	change and fee(s) are submitted for	filing.
Please return all correspon	ndence concerning this ma	atter to the following:	
	er F. Souza e of Person		
	orate Services, LLC /Company		
2731 Executive Park Drive, Suite 4 Address		TALEAR 10	
	on, FL 33331 e and Zip Code		
E-mail address: (to be used	za@nrai.com for future annual report notification	n)	
For further information co	ncerning this matter, pleas	se call:	
Peter F. So		877) 261-6823 x 175 Area Code & Daytime Telephone Num	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	्रमु २६,३४० — १८ १८ १९ - १८
Enclosed is a che	ck for the following amou	unt:	
\$25 Filing Fee		\$55 Filing Fee & Certified Cop	y

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:	Janie Poe 2-Michaels LLC			
2. (a) Principal office address of limited liability compan	y:			
- \[\sqrt{Note: MUST BE STREET ADDRESS} \]	3 EAST STOW ROAD MARLTON NJ 08053			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)		····		
1/28/2008	L08000010072			
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	September		
Registered Agent:	W BRADLEY MUNROE	र्म 		
Registered Office Address:	239 E VIRGINIA ST. TALLAHASSEE, FL 32301-1263	The state of the s		
	<u>මුත් ග</u>			
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:			
NEW Registered Agent:	NRAI Services, Inc.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4			
MOST BE FLORIDA STREET ADDRESS	Weston ,FL3333	<u>31</u>		
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 or authorized representative of a member				
Tony Smith, Member				
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 prand I am familiar with and accept the obligations of my pochapter 608, FS. Or, if this document is being filed to me address. I hereby confirm that the limited liability compan NRAI Services, nc.	agree to act in this capacity. I further ag oper and complete performance of my d osition as registered agent as provided fo erely reflect a change in the registered of y has been notified in writing of this cha	ree to to tuties; in the same to the same		
Signature of Registered Agent Peter F. Souza, Assistant Sec.	·			

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