

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Public Access System**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000102606 3)))



H080001026063ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
 Fax Number : (850) 617-6383

**From:**

Account Name : CONTRACTORS REPORTING SERVICES, INC.  
 Account Number : I20050000099  
 Phone : (813) 932-5244  
 Fax Number : (813) 932-3782

08 MAY -2 AM 11:35

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION

RECEIVED

08 MAY -2 PM 2:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****ATHENA CABINETRY BY DESIGN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

**G. MCLEOD****EXAMINER**

**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. The name of the limited liability company is: ATHENA CABINETRY BY DESIGN, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

5818 NORTH 56TH STREET TAMPA FL 33610

02/11/2008

L08000015083

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

HUNT, RICHARD C

Name

5101 SEMINOLE AVE N

Address

TAMPA FL 33603

City, State and Zip

6. The name and address of the new registered agent and/or office:

FIORISI, GREG

Name

5818 NORTH 56TH STREET

Florida street address (P.O. Box NOT acceptable)

TAMPA

FL 33610

City, State and Zip

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)

GREG FIORISI

(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.*

(Signature of Registered Agent)

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

**FILING FEE: \$25.00**

INHS18 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAY -2 AM 11:35