LD8000023162

(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bı	ısiness Entity Naı	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
AHASSEE, FLORID

T. CLINE

OCT 14 2008

EXAMINE

COVER LETTER

TO:	Registration Section Division of Corporations	·		
SUB		OICE ENTERPRISES LLC of Limited Liability Company)		Ö
Dear	Sir or Madam:			
The	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Pleas	se return all correspondence concerning	this matter to the following:		
	BRIAN W. WHITE			
	(Name of Person)			
<u>A B</u>	ETTER CHOICE ENTERPRIS (Firm/Company)	ES LLC	20	
	1700 CWEETI AND CT		90 GR	en alto g
	1760 SWEETLAND ST (Address)		=======================================	==:35W
	(1001405)	S	: ಒ	1
	NOVOMIC ELOPIDA 2427	mic in the second se	? P	
	NOKOMIS, FLORIDA. 34279 (City/State and Zip Code)	5 FLORID	2000 OCT 13 PM 12: 49	A. S.
For t	further information concerning this mat	ter, please call:		
BRIA	N W. WHITE	at (941) 488-4303		
	(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 followi	ng amount:		
	☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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: A BETTER	CHOICE ENTERPRISES LLC			
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 1760 SWEETLAND ST NOKOMIS. FL.34275			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1760 SWEETLAND ST NOKOMIS, FL. 34275			
03/04/2008 3. Date of filing/registration in Florida	L08000023162 4. Document number			
5. (a) Registered Agent and Registered Office shown on Registered Agent:	BUSINESS FILINGS INC			
Registered Office Address:	1203 GOVERNORS SQUARE STE101 TALLAHASSE, FL. 32301-2960			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	BRIAN W. WHITE			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1760 SWEETLAND ST NOKOMIS ,FL 34275			
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. (Alghature of a member or authorized representative of a member)				
BRIAN W WHITE (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 pram 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.	— agree to act in this capacity. I further agree to open and complete performace of my duties, and I as a registered agent as provided for in Chapter 608, change in the registered office address. I hereby			
confirm that the limited liability company has been notified (Signature of Registered Agent)	d in Writing of this change.			

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