## L080000 47909

(0)	equestor's Name)	
(re	equestors Name)	
(Ac	ddress)	
(Ac	ddress)	
· (Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bt	usiness Entity Nar	
(=:		,
(Do	ocument Number)	•
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
opesial mediations to 1 ming officer.		

Office Use Only

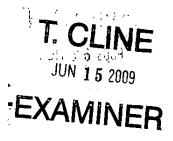


300157053013

age agreed

PILED
2009 JUN 12 PM 1: 01
SECRETARY OF STATE
TAIL AHASSEE. FLORIDA

op opposition



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: AVES Des	ign Concepts LL ted Liability Company	<u>c.</u>
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted	l for filing.
Please return all correspondence concerning this	matter to the following:	
Leonard AlVES Name of Person		
Alves Design Concept	Ls. LLC.	2009 JU SECRE
3601 oide Cottage hane		2009 JUN 12 PM 1: 0 SECRETARY OF STATE FALLAHASSEE, FLORIE
Bonita Springs. FL 34 City/State and Zip Code	1134	1: 01 STATE LORIDA
AIVES DESIGN D AOI · E-mail address: (to be used for future annual report notifica	Com.	
For further information concerning this matter, pl	lease call:	
DENISE C. AIVES at (	(239) 777-90 Area Code & Daytime Telephon	<del></del>
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following an	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following an	nount:	

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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\VES	Design Concepts, LLC.
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	3601 Olde Cottage Lane Bonita Springs, FL 34134
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
May 1, 2009  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:	United States Corporation
Registered Office Address:	300 S. Flanings Foad Inc.  347  Primbroke Pinas 133077
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	parent:
NEW Registered Agent:	Leonard D AWES
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Bonita Springs FL 34134
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
DENISE C. AIVES	
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 property and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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