(Requestor's Name)
(Address)
•
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
A. LUNT
JAN <b>30</b> 2009
EXAMINER

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Some Way LLC	f Limited Liability Company)	
(Name o	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
	<b>⊱</b> ~-	
William Holloway (Name of Person)		
(Name of Felson)		1
	2009 JAN 29 SECRETARIASS	
Some Way LLC (Firm/Company)		
(t min company)	To R	1 ?'
		*.
5181 Chancellor St NE (Address)	PH 1: 06	
(Audices)	<b>3</b>	
Ot Batasahura El 00700		
St. Petersburg, Fl., 33703 (City/State and Zip Code)	<del></del>	
(city/state and 24p code)		
For further information concerning this matte	er, please call:	
William Holloway	at ( 727 ) 512-7478	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

## 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: S	Some Way LLC		
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDRE			
(b) Mailing address of limited liability co (Note: MAY BE POST OFFICE BO)			
01/26/09	L08000048653		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Off	ice shown on the records of the Florida Dept. of State:		
Registered Agent:	william Holloway		
Registered Office Address:	4913 Milano Ct NE St Petersburg, FI 33703		
(b) Enter name of <u>NEW Registered Age</u>	nt and/or NEW Registered Office address: 문항 등		
<b>NEW</b> Registered Agent:			
<u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET AD</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)  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.			
F.S. Or, if this document is being filed to me confirm that the limited liability company had (Signature of Registered Agent)	rely reflect a change in the registered office address, I hereby s been notified in writing of this change.		

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