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## D. BRUCE

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## **COVER LETTER**

**Registration** Section TO: **Division of Corporations** 

Fruit OF the Vine Gift Baskets, LLC Name of Limited Liability Company **SUBJECT:** 

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRY L. Johnson Name of Person Fruit of the Vive Gift Baskets, LLC Firm/Company 331 Bay Street Auburwdale, FLZ. 33823 City/State and Zip Code <u>thjohnsonrealtora al. Com</u> E-mail address: (10 be used for future annual report notification) For further information concerning this matter, please call: Terry L-Johnson at (863) Name of Person Area-Code & Daytime Telephone Number **STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

Enclosed is a check for the following 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: Fruit of the Vive Gift Baskets, LL
2. (a) Principal office address of limited liability company $(PRu) 1627 \text{ US } \text{Nw} \text{Y} \text{Q} \text{Z} \text{West}$
(Note: MUST BE STREET ADDRESS) (New) 331 Bay Street Auburwdale, FLS. 33823
(b) Mailing address of limited liability company: (prev) 11027 US Way 92 West
(Note: MAY BE POST OFFICE BOX) (New) 331 Bay Street Auburnidate, FLZ. 33823
July 14, 2008 L08000067988
3. Date of filing/registration in Florida4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: <u>Cark W. Johnson</u>
Registered Office Address: <u>331 Buy STreet</u>
Auburndale, FLa.
ALTER TO
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address
NEW Registered Agent:
NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
If the Vertical Verticity of the State of Florida, it is being
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 attirmative 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
TERRY L. Johnson
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, address, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Heroby confirm/that the limited liability company has been notified in writing of this change.
X Signature of Registered Agent
Division of Corporations P.O. Rox 6327 Tallahassaa FI 32314

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

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