108000072421

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	·····
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ı

G. MCLEOD

MAY - 5 2011

EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	•
	OUPON NWF, LLC
Name of Limited Lia	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Joseph Morales	
Name of Person	
•	
Firm/Company	
•	
326 Siebert Ave	
Address	
Destin, FL 32541	
City/State and Zip Code	······································
·	
builtbyjoe67@yahoo.com E-mail address: (to be used for future annual report notification)	<u></u>
•	
For further information concerning this matter, please	call:
	(50) 225-0056
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 32301	Tallahassee, Florida 32314
Tananassee, Tionga 52501	
Enclosed is a check for the following amour	it:
\$25 Filing Fee	355 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.

•	
Name of the limited liability company:YOU	R CHOICE COUPON NWF, LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	326 Siebert Ave Destin, FL 32541
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	326 Siebert Ave Destin, FL 32541
07/28/2008	L08000072421
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Jennifer J Burton
Registered Office Address:	151 Mary Esther Blvd STE 502A Mary Esther, FL 32569
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Joseph Morales 326 Siebert Ave
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company.	e Florida street address of the registered office
Signature of a member or authorized representative of a member Joseph Morales Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608.7F.S. Or, if this document is being filed to address, I bereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any 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