

Division of Corporations

LO80000074964

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

L. SELLERS

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (850) 656-7953

JUN 15 2009

EXAMINER**REGISTERED AGENT CHANGE****AMBASSADOR ANTIQUES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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TALLAHASSEE, FLORIDA**

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09 JUN 12 AM 8:42
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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: Ambassador Antiques LLC

2. (a) Principal office address of limited liability company: _____



(Note: MUST BE STREET ADDRESS)

125 Saint Edward Place
Palm Beach Gardens, FL 33418



(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

125 Saint Edward Place
Palm Beach Gardens, FL 33418

AUGUST 5, 2008

3. Date of filing/registration in Florida

L08000074964

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Jules Musinger

Registered Office Address:

6080 North Ocean Drive, Unit 11A
Singer Island, FL 33404

(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)

125 Saint Edward Place
Palm Beach Gardens, FL 33418

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.

X

Jules Musinger
Signature of a member or authorized representative of a member

Jules Musinger

Printed or typed name of signer

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.

X

Jules Musinger
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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