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L08000078/28

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OCT 28 2008

EXAMINER



000137160480

10/27/08--01008--010 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 OCT 27 AM 11:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLING SKINS LLC
(Name of Limited Liability Company)

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:

M. Chasan
(Name of Person)

CLING SKINS LLC
(Firm/Company)

1355 W. Palmetto Pr. Rd. # 304
(Address)

Boca Raton FL 33486
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: CLING SKINS LLC
2. (a) Principal office address of limited liability company: 1355 W. Palmetto Pk. Rd. #304
BOCA RATON FL 33486
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 1355 W. Palmetto Pk. Rd. #304
BOCA RATON FL 33486
(Note: **MAY BE POST OFFICE BOX**)

08/14/2008
3. Date of filing/registration in Florida

L08000078128
4. Document number

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

Registered Agent:

M. Chasan

Registered Office Address:

2117 HAMMOCK PT. DR.
BOCA RATON FL 33486

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- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

M. Chasan

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1355 W. Palmetto Pk. Rd. #304
BOCA RATON, FL 33486
,FL

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.

M. Chasan

(Signature of a member or authorized representative of a member)

Michael Chasan

(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, I hereby confirm that the limited liability company has been notified in writing of this change.

M. Chasan
(Signature of Registered Agent)

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

FILING FEE: \$25.00