## 10800081283

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SECHETARY OF STATE

M. THOMAS

MAR - 6 2009

**EXAMINER** 

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COVE	KEITEK	
TO: Registration Section Division of Corporations	``	
SUBJECT: Deadly Reptiles LLC (Name of Limited	d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Christopher James Sears (Name of Person)	<u> </u>	
Deadly Reptiles LLC (Firm/Company)	OS MAR	
1741 KING EDWARD OR (Address)	O9 MAR -5 ATTE	
CISSIMMEE FL 34744 (City/State and Zip Code)	CORPA	
For further information concerning this matter, please	call:	
Christopher James Sears at (58	35 ) 330~179 <i>8</i>	
(Name of Person) (A	rea 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 amoun	nt:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## 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.

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1. Name of the limited liability company: Deadly R	eptiles LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	: 1527 Durado dr Apt A KISSIMMER, EL 34741
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1527 Dorado dr APTA KISSIMMEE, FL 34741
August 25, 2008  3. Date of filing/registration in Florida	<u>L0800081283</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Christopher James Scars
Registered Office Address:	KISSIMMEE, PL 34741
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address: AND WAILING ADDRESS
NEW Registered Agent:	(Same) Christopher James Sors
NEW Registered Office Address: AND MAILING (MUST BE FLORIDA STREET ADDRESS)	1741 KING EDWARD DR  KISSIMMEE ,FL 34744
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	aws of the State of Florida, it is hereby confirmed taddress of the registered office and the business are of a Florida limited liability company, it is y an affirmative vote of the members of the limited
(Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to sper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
(Signature of Registered Agent)	

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