LD8000081934

(Re	equestor's Name)	<u> </u>	
(Ad	dress)		
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(Cit	ty/State/Zip/Phon	e #)	
~ PICK-UP	☐ WAIT	MAIL.	
(Bu	siness Entity Nar	me)	<u>; </u>
· · · (Do	cument Number)	<u> </u>	<u> </u>
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SECRETARY OF STATE
TAULAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
	hoozies LLC ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Joseph G. Hull Name of Person	
Shoozies LLC Firm/Company	
P.O. Box 917351 Address	
Longwood, FL 32791 City/State and Zip Code	
shoozies@rocketmail.com E-mail address: (to be used for future annual report notifi	
For further information concerning this matter,	piease call:
Joseph G. Hull Name of Person	t (407) 647-0722 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 a	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BÖTH FÖR 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.

agent, or both, in the state of I tortua.		
Name of the limited liability company:	Shoozies LLC	
2. (a) Principal office address of limited liability comp	pany:	
(Note: MUST BE STREET ADDRESS)	171-C Springwood Circles Congwood, FL 32750	<u> </u>
(b) Mailing address of limited liability company:	 ທຶສ ປ າ	
(Note: MAY BE POST OFFICE BOX)	P.O. Box 917351	0
08/27/2008	L08000081934	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of Sta	ite:
Registered Agent:	United States Corporation Agent	s, Inc.
Registered Office Address:	320 South Flamingo Road Suite 347 Pembroke Pines, FL 33027	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:	
NEW Registered Agent:	Joseph G. Hull	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	171-C Springwood Circle	
	Longwood ,FL32	750
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be illiability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company.	ne Florida street address of the registered dentical. Or, in the case of a Florida limit ge(s) was/were authorized by an affirmation of the provided in the articles of organ	office ted ve vote
Signature of a member or authorized representative of almember		
Joseph G. Hull		
Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability com	nd agree to act in this capacity. I further e proper and complete performance of my y position as registered agent as provided o merely reflect a change in the registered pany has been notified in writing of this c	agree to duties, l for in l'office hinge

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