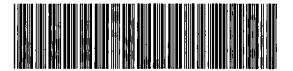
208000097094

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

Office Use Only



200163406532

12/09/09--01014--007 **25.00



S. HAWKES
DEC 1 0 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SUBJECT: SUBJECT: SUBJECT: Name of Limited Liability Company			
Time of Elimination Discompany			
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:			
HARRY O. SWEDDEN Name of Person			
Name of Person			
SCORE CRAFTERS, LLC Firm/Company			
Firm/Company			
1450 S. WOODLAND BIND. # 300-D			
Address			
DE AND FI 32720 City/State and Zip Code			
City/State and Zip Code			
Score crafters @ YAhoo. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
HARRY SNEDDEN at (386) 748-3324			
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 32314			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 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. liability company submits the following statement in ordagent, or both, in the State of Florida.	
1. Name of the limited liability company:	RECHAFTERS, LLC
2 (a) Principal office address of limited liability compar	1450 S. Woodland BIUD # 300-D
(Note: MUST BE STREET ADDRESS)	DELAND FI 32720
(b) Mailing address of limited liability company:	1450 S. Woodland BIND #300-1
(Note: MAY BE POST OFFICE BOX)	Deland FI 32720
10-15-2008	LO 80000 97094 ? =
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	HARRY O. SNEODENEZ NO
Registered Office Address:	GGI Beville Rd #113 South DAYTONA FI 32119
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	(Same AS ABOVE)
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1450 S. Woodland BIUD # 300-D DELAND FI 32720
INCOLDE LEGIDA STREET ADDRESS	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compans.	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Signature of a member or authorized representative of a member	<u>DE</u> N
HARRY O. STEDEN MEAN	<u> </u>
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to mandress, I hereby earlier that the limited liability company.	
Signature of Registered Agent	· ·

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