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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	CITCHEN AND BATH LIC ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
L Josh Howland (Name of Person) Aldabella Witchen and Bath (Firm/Company) P.O. Box 440 791 (Address) Ocala, Fa 3444 (City/State and Zip Code)	SECRETARY OF STATE FALLAHASSEE, FLORIDA	
For further information concerning this matter, please	se call:	
(Name of Person) at (2)	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 amou	ınt:	
☑ \$25 Filing Fec	□ \$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.

in the state of Mortaa.	
1. Name of the limited liability company: AUDABE	LLA KITCHEN AND BATH LIC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	19: 7310 W. GOLF CLUB ST. CRYSTAL RIVER, FL 34429
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7310 W. GOLF CLUB ST CRYSTAL RIVER, FL 34429
NOVEMBER Leth, 2008 3. Date of filing/registration in Florida	L08000103905 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	JASON LOWE
Registered Office Address:	7310 W. GOLF CLUBST. CRYSTAL RIVER IFL 34429
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Josh Howland FE B 7
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1309 SE SE AVE FISSIVE
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company.	et address of the registered office and the business
(Signature of a member or authorized representative of a member)	-
JASON LOWE	_
(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 promotion of an initial with and accept the obligations of my position F.S. Or af this adduntent is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby a din writing of this change.

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