

# LO8000112472

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

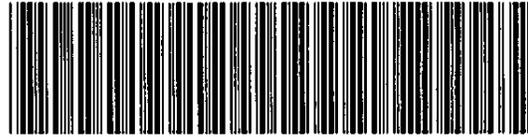
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C. LEWIS  
JAN 24 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2012

LAURI LEWALLEN  
STAGEWORKS REDESIGN, LLC  
6936 LA LOMA DR.  
JACKSONVILLE, FL 32217

SUBJECT: STAGEWORKS REDESIGN, LLC  
Ref. Number: L08000112472

We have received your document for STAGEWORKS REDESIGN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 812A00000614

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stageworks Redesign, 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:

Lauri Lewallen  
Name of Person

Stageworks Redesign, LLC  
Firm/Company

6936 La Coma Drive  
Address

Jacksonville, FL 32217  
City/State and Zip Code

laurilewallen@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauri Lewallen at (<sup>904</sup>~~309~~) 3091433  
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

*Sent in \$ 35*

**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: Stageworks Redesign, LLC
2. (a) Principal office address of limited liability company: 6936 La Loma Drive  
Jacksonville, FL 32217
- (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: Same as above
- (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 1/19/12

4. Document number: LD800011247

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Biz Filings
- Registered Office Address: 8040 Excelsior Drive  
Suite 200  
Madison, WI

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** Lauri Lewallen
- NEW Registered Office Address:** 6936 La Loma Dr.  
Jacksonville, FL 32217
- (**MUST BE FLORIDA STREET ADDRESS**)

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.

[Signature]  
Signature of a member or authorized representative of a member

Lauri H. Lewallen  
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.

[Signature]  
Signature of Registered Agent

FILED  
2012 JAN 23 PM 5:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA