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COVER LETTER

Division of Corporations			
SUBJECT: INTERIOR SOLUTIONS 4-U 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:			
ANNETTE DUDNEED			
ANNETTE BURNSED Name of Person			
INTERIOR SOLUTIONS A LLLLO			
INTERIOR SOLUTIONS 4-U LLC Firm/Company			
2293 U S HIGHWAY 92 E			
Address			
PLANT CITY, FL 33563			
: City/State and Zip Code			
is4ullc1@verizon.net E-mail address: (to be used for future annual report notific			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ANNETTE BURNSED at	(813) 763-1983		
Name of Person	Area Code & Daytime Telephone Number		
CTDEET/COUDIED ADDRESS.	MAILING ADDDESS.		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	•		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$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.

. Name of the limited liability company: INTERIOR SOLUTIONS 4-U LLC			
2. (a) Principal office address of limited liability company	y: 2293 U S HIGHWAY 92 E		
(Note: MUST BE STREET ADDRESS)	PLANT CITY, FL 33563		
(b) Mailing address of limited liability company:	2293 U S HIGHWAY 98E		
(Note: MAY BE POST OFFICE BOX)	PLANT CITY, FL 3356全位 中 可		
1.7.2000	L090000016739 3 D		
1-7-2009 3. Date of filing/registration in Florida	4. Document number 55 5		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Depart State:			
Registered Agent:	ANNETTE BURNSED		
•			
Registered Office Address:	2293 U S HIGHWAY 92 E		
	PLANT CITY, FL 33563		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	ANNETTE BURNSED		
NEW Registered Office Address:	2293 U S HIGHWAY 92 E		
(MUST BE FLORIDA STREET ADDRESS)	PLANT CITY ,FL33563		
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 of a member or authorized representative of a member			
ANNETTE BURNSED 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 of Registered Agent			

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