

L09000006151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

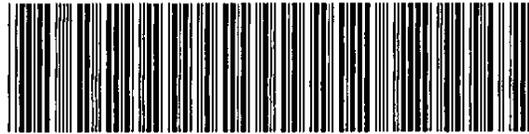
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/10--01017--016 **25.00

RECEIVED
10 MAY 21 AM 11:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

B. KOHR
MAY 21 2010
EXAMINER

RECEIVED
10 MAY 21 PM 12:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 05/21/2010

REF. #: RA3678.122005

CORP. NAME: NUDE SPIRITS, LLC

STATE OF FLORIDA
DIVISION OF CORPORATIONS
10 MAY 21 PM 12:26

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |

OTHER: CHANGE OF AGENT

STATE FEES PREPAID WITH CHECK# 535 023 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING
 CERTIFICATE OF STATUS

PLAIN STAMPED COPY

Examiner's Initials

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: Nude Spirits, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2186 Rio de Janeiro Avenue
Punta Gorda, Florida 33983

(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2186 Rio de Janeiro Avenue
Punta Gorda, Florida 33983

January 20, 2009 L09000006151
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 State:
Registered Agent: Shawn T. Harlan
Registered Office Address: 2186 Rio de Janeiro Avenue
Punta Gorda, Florida 33983

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: CorpDirect Agents, Inc.
NEW Registered Office Address: 515 East Park Avenue
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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.

Patricia Tadlock
Signature of a member or authorized representative of a member
Patricia Tadlock, Authorized Rep.
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.

Patricia Tadlock, Asst. Sec.
Signature of Registered Agent

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