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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
· (Bu	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2010

SANDRA MATTSSON 974 GREENWOOD RD WESTON, FL 33327

SUBJECT: OLD FASHION INVESTING LLC

Ref. Number: L09000016303

We have received your document for OLD FASHION INVESTING 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):

You completed the wrong form

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 610A00023199

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Old Fashion Investing LhC 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:		
Sandra Mattsson Name of Person Old Fashim Joveshne hac		
Firm/Company . O		
974 Green wood Rd		
Wester F 33327 City/State and Zlp Code		
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Sandra Muttason at 954 695-3003 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 & 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.

1. Name of the limited liability company:

1. Name of the limited liability company: () d to	Shion Investing hhu
2. (a) Principal office address of limited liability company:	974 Greenwood Rd
(Note: MUST BE STREET ADDRESS)	Weston, FL 33327
(b) Mailing address of limited liability company:	974 Green wood Rd
(Note: MAY BE POST OFFICE BOX)	Weston, FL 33327
2/18/2009	L0900016303
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the Registered Agent:	ne records of the Florida Dept. of State: Corporate Creations Network
Registered Office Address:	11380 Prosperity Farms Rd #2015 Polm Beach Gardens, & 33410
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:
NEW Registered Agent:	Sandra Mattsson
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	974 Creenwood ld
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote

I hereby accept the appointment as registered agent and agree to act in this capacity. Efurther 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, 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

Printed or typed name of signee