L09000019615

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(D					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
ANASSEE, FLORIDA

T. CLINE
APR 20 2010
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Ca	ajun E	nterpi	rises, l	LLC	
	ECT: Cajun Enterprises, LLC Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered	Agent/Registered	Office	Change	and fee	e(s) are submitted	d for filing.
Please return all correspo	ndence concernin	g this m	atter to	the foll	lowing:	
Eric La Grange						
Nar	ne of Person					
						2010 APR 19 F SECRETARY OF TALLAHASSEF
Firr	n/Company			_		LEO DA
						至門另
	_					SF 70
13012 Shadow Bend Ct.			_		SERVI	
Address					PH E: C	
						ESS M
Winter G	arden El 3/178	7				25 N
Winter Garden, FL 34787 City/State and Zip Code					5,	
0.13/0.0	io and Esp code					
•	<u> </u>					
lagrangeee@yahoo.com E-mail address: (to be used for future annual report notification)			_			
E-mar tada ess. (to oc asea	ioi iutulo uziituu iopoit	· notini cut i	ony			
For further information co	oncerning this ma	tter, ple	ase call	l :		
	• ,					
-						
Eric La Gr		at (_	407		414-87	
Name of Pers	on			Area Cod	e & Daytime Telepho	ne Number
STREET/COURI	R ADDRESS.		MA	HING	ADDRESS:	
Registration Section					Section	
Division of Corpora					Corporations	
-). Box 63	-		
2661 Executive Cer	nter Circle				Florida 32314	
Tallahassee, Florida					,	
Enclosed is a che	ck for the follow	ing amo	ount:			
\$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:	Cajun Enterprises, LLC				
2. (a) Principal office address of limited liability company	13012 Shadow Bend Ct.				
(Note: MUST BE STREET ADDRESS)	Winter Garden, FL 34787				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)					
2/27/09	L09000019615				
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:	United States Corporation Agents, Inc.				
Registered Office Address:	13302 Winding Oaks Blood Positive A-100 Tampa, FL 33612				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address (5)					
<u>NEW</u> Registered Agent:	Eric La Grange				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13012 Shadow Bend Ct.				
	Winter Garden ,FL 34787				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization				
Eric La Grange Printed or typed name of signee	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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