## 

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12/14/09--01053--023 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations		
SUBJECT:	Sustainable Sales Name of Limited Lia	8 & Consulting LLC
	Traine of Emilion En	ioms, company
Dear Sir or Madam:		
The enclosed Registered Agent/F	Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence	concerning this matte	r to the following:
Kevin Chera	ashore	= 2
Name of Person	on	2009 DEC   4 AM 10: 45 SECRETARY OF STATE TALLAHASSEE. FLORID
		DEC IL AMIO: 45 CRETARY OF STATE LAHASSEE, FLORID
Sustainable Sales &		AR AR SS
Firm/Compan	у	EEQ.
		FLST <b>6</b>
7853 Preserva	tion Road	
Address		<b>D</b>
T "	:1 00040	
Tallahassee, Flo		_ <del></del>
City/State and Zip	Code	
kcherashore@n E-mail address: (to be used for future	nssign.com annual report notification)	<del></del>
For further information concerni	ng this matter, please	call:
Kevin Cherashore	at (Zo_	1 ) 403-6929
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADI	DRESS:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building	1	P.O. Box 6327
2661 Executive Center Circ Tallahassee, Florida 32301	ie ie	Tallahassee, Florida 32314
Enclosed is a check for	the following amoun	<b>t:</b>
\$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (5/08)

## 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: Sust	<u>tainable Sales &amp; Consu</u>	Iting LLC		
2. (a) Principal office address of limited liability compa	ny: 7853 Prese	7853 Preservation Road		
(Note: MUST BE STREET ADDRESS)	Tallahassee, FL 32312-	6753		
(b) Mailing address of limited liability company:	7853 Preservation Road			
(Note: MAY BE POST OFFICE BOX)	Tallahassee, FL 32312-	6753		
03/06/09	L09000022	341		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida D	>कें CD .==		
Registered Agent:	Corporation Service Co	/)		
Registered Office Address:	1201 Hays Street F Tallahassee, FL 32301-			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  Kevin Cherashore				
	-			
NEW Registered Office Address: 7853 Preservat (MUST BE FLORIDA STREET ADDRESS)		1		
<u></u>	Tallahasses	,FL <u>32312</u>		
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				
Kevin Cherashore				
Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familian with and accept the obligations of my Chapter 608, H.S. Or if this hockment is being filed to address, I hereby confirm that the limited liability compositions of kegistered Agent	l agree to act in this capacity. proper and complete performa position as registered agent a nerely reflect a change in the any has been notified in writin	I further agree to ance of my duties, s provided for in registered office ag of this change.		

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