

L09000023948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

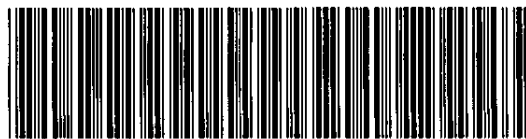
(Business Entity Name)

(Document Number)

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Malave, Erin

From: biz@classictsonline.com

Sent: Monday, September 13, 2010 11:20 AM

To: CorpAddressChange

Subject: Principal/Mailing Address Change

Hello I'm requesting to change the Principal and Mailing Address for "Classic T's LLC".
The document # is L09000023948.

The current Principal and Mailing Address is:

540 North State Road 434
Suite 125
Altamonte Springs, FL 32714

I wish to change BOTH addresses to:

5333 SW 75th St.
#L72
Gainesville, FL 32608.

I will also send in the form to change the Registered Agent address as well. I can be reached at 352-354-2166 if you have any questions. Thank You.

Machael McEwan