## 1200051981

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

G. MCLEOD

JAN 11 2011

EXAMINER



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SECRETARY OF STATE

## **COVER LETTER**

	· •	
TO: Registration Section	*	
Division of Corporations		
Division of Corporations		
110 Cain	R Callactibles I I C	
	& Collectibles LLC	
Name of Limite	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
	Grande min soc(a) and succession soc transfer	
Please return all correspondence concerning this r	natter to the following:	
r lease return an correspondence concerning uns r	natter to the following.	
Constantine Szejko		
Name of Person		
US Coin & Collectibles LLC		
Firm/Company	<del></del>	
612 N. Orange Ave. Suite D-1		
Address	<del></del>	
Jupiter, FL 33458	,	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
Onyround and hip code		
uscoin@hotmail.com		
Uscoin@hotmail.com E-mail address: (to be used for future annual report notificat	on)	
For further information concerning this matter, ple	ease call:	
Constantine Szejko at (	561 ) 315-6343	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	n mentalementation is a successive to belong to the	
- withingsond I tollow AMOVI		
Unaloged is a cheek for the following amounts		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
<b>A</b>		

## 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 liability company submits the following statement in or agent, or both, in the State of Florida.	8.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company:	US Coin & Collectibles LLC
2. (a) Principal office address of limited liability compa	any: 612 N. Orange Ave.
(Note: MUST BE STREET ADDRESS)	Suite D-1 Jupiter, FL 33458
(b) Mailing address of limited liability company:	612 N. Orange Ave.
(Note: MAY BE POST OFFICE BOX)	Suite D-1 Jupiter, FL 33458
06/11/2009	L0900056981
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Constantine Szejko
Registered Office Address:	360 W. Indiantown Rd.  Jupiter, FL 33458
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	Constantine Szejko
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	612 N. Orange Ave. ⊕ ∵ ∵ ∵ Suite D-1 ⊕ ∴ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪ ∪
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Constantine Szejko	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote perwise provided in the articles of organization
Printed or typed name of signee	the second to difference by the discount
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my Chapten 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compa	i agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office iny has been notified in writing of this change.

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