

LO9000057441

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

DEC - 8 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IN YOUR FACE SPORTS CARDS AND COMICS, LLC  
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:

Daniel Dorsett

Name of Person

IN YOUR FACE SPORTS CARDS AND COMICS, LLC

Firm/Company

907 RIVIERA ST J

Address

JACKSONVILLE FLORIDA, 32207

City/State and Zip Code

IN YOUR FACE SPORTS @ GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Dorsett

Name of Person

at ( 904 ) 517 9098

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center 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:

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\$25 Filing Fee

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\$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.

1. Name of the limited liability company: IN Your Face Sports Card and Comics, LLC

2. (a) ☒ Principal office address of limited liability company: 4303 1st Brant Ct W  
Jacksonville Florida 32210  
(Note: **MUST BE STREET ADDRESS**)

(b) ☒ Mailing address of limited liability company: P.O. Box 14496  
Jacksonville Florida 32238  
(Note: **MAY BE POST OFFICE BOX**)

6/08/09  
3. Date of filing/registration in Florida

# L0900005744  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

Registered Office Address:

Daniel A. Dorsett  
907 Riviera St  
Jacksonville Florida  
32207

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

**NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**)

Daniel A. Dorsett  
4303 1st Brant Ct W  
Jacksonville Florida 32210  
.FL

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.

Daniel Dorsett  
Signature of a member or authorized representative of a member

Daniel A Dorsett  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Daniel Dorsett  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00