## L09000058832

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(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SEGNETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corpor					
SUBJECT: Stephanie M. Fojo Weddings & Events  Name of Limited Liability Company						
		Name of L	innica L	laulilly	Company	-
Dear :	Sir or Madam:				•	
The e	nclosed Registered A	gent/Registered C	office Cha	ange ar	nd fee(s) are subr	nitted for filing.
Please	e return all correspon	dence concerning	this matt	er to th	ne following:	
_	Steph	anie M. <u>Foj</u> o				
	Name	of Person				
	Stephanie M. Fo		vents			
		Company				
			-			
	2655 Collins	Avenue, Apt. 16	<u>01</u>	<del>-:</del>		
	Au	dress .				
		· · ·				
		each. FL 33140				
	City/State	and Zip Code				
	SFoio10	@bellsouth.net				
E	SFojo10 -mail address: (to be used for	or future annual report n	otification)			
For fi	urther information co	ncerning this matt	er, please	call:		
	Stephanie M	. Fojo	at (3	30 <u>5</u>	)95	1-9451
<del></del>	Name of Person	1		Ar	rea Code & Daytime To	elephone Number
	STREET/COURIE	R ADDRESS:		MAli	LING ADDRESS:	:
	Registration Section				tration Section	
	Division of Corporat	ions			ion of Corporation	S
	Clifton Building 2661 Executive Cent	or Cirolo			Box 6327 hassee, Florida 323	114
	Tallahassee, Florida			1 anai	lassee, i forida 323	
	Enclosed is a chec	k for the following	ng amour	nt:		
	\$25 Filing Fee		Γ	\$55	Filing Fee & Cer	rtified Copy

TO:

## 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:	Stephanie M. Fojo Weddings & Events
2. (a) Principal office address of limited liabilit	ty company:
_[√] ( <u>Note: MUST BE STREET ADDRESS</u>	S) 2655 Collins Avenue, Apt. 1601 Miami Beach, FL 33140
(b) Mailing address of limited liability comp	2655 Collins Avenue, Apt. 1601 Miami Beach, FL 33140
June 17, 2009  3. Date of filing/registration in Florida	<u>LO 90000 5 8 8 3 2</u> 4. Document number
	shown on the records of the Florida Dept. of State:
Registered Agent:	Corporate Creations Network, Inc.
Registered Office Address:	11380 Prosperity Farms Road, #221E Palm Beach Gardens, FL 33410
(b) Enter name of <u>NEW Registered Agent</u> a	and/or NEW Registered Office address:
NEW Registered Agent:	Stephanie M. Fojo
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDR	2655 Collins Avenue, Apt. 1601 RESS)
	Miami Beach ,FL33140
confirmed that after the change or changes are mand the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability.  Signature of a member or authorized representative of a member of signature of signa	under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of granization ty company.  The state of the proper and complete performance of my duties, and the proper and

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