L0900072732

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

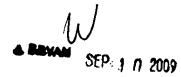
Office Use Only



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SECRETARY OF STATE
TALL AHASSEE, FLORIDA



J. BRYAN

SEP 17 2009

EXAMINER



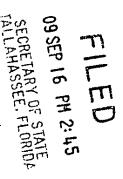
FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2009

JOSE L TORRES MTHAAKON ART & DESIGN LLC 2434 FOXHEAD WAY CLEARWATER, FL 33759

SUBJECT: MTHAAKON ART AND DESIGN LLC

Ref. Number: L09000072732



We have received your document for MTHAAKON ART AND DESIGN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 409A00029959

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MTHAAKON ART	- & Design LL Liability Company	<u>.</u>			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this mat	ter to the following:		•		
Jose L. Torres Name of Person					
MTHAR Kon Aut & Design	, LLC	SECH TALL/	S 60		
2434 Foxhead Wpy Address	·	RETARY OF STATE	EP-16 P	FIED	
Clearwater FL 337 City/State and Zip Code	59	F STATE FLORIDA	# 2: \ 5	Ö	
E-mail address: (to be used for future annual report notification)	1. Com				
For further information concerning this matter, please call:					
Jose L. Torres at (T	127 <u>453-865</u> Area Code & Daytime Telephone N				
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:					
\$25 Filing Fee	\$55 Filing Fee & Certified Co	าทง			

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.

agent, or both, in the state of Ftortaa.	•
1. Name of the limited liability company: HT Ha	
2. (a) Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	Clearwater, FL 33759
(b) Mailing address of limited liability company:	SAME AS ABOVE
(Note: MAY BE POST OFFICE BOX)	
7/29/2009	L09000072732
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent: UI	NITED STATES CORPORATION AGENTS, INC
Registered Office Address:	-100 AMPA, FL 33612 US SAR 5
,	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	Jose L. Torres 5
NEW Registered Office Address:	2434 Foxhead Way
(MUST BE FLORIDA STREET ADDRESS)	Clearunter, FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fand the business office of the registered agent will be idenliability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	_
Printed or typed name of signee	<u>-</u>
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314

FILING FEE: \$25.00