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(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:			
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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
CHRI	FCT. And	dersen Promotions, LLC	
SUD	Name of Limited Liability Company		
_		* . * *	
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for	filing.
Please	e return all correspondence concerning	ng this matter to the following:	
	Kenneth R. Sauter, Esc	g.	
	Name of Person		
	Berman, Sauter, Record & Jaro	dim P.C	
	Firm/Company	<u> </u>	
	222 Ridgedale Avenue, P.O. B	Box 2249	. ~3
	Address) 477 177 177	
		Topic Control	H SE
	Morristown, NJ 07962-22	249	2009 SEP 22 AMII: 19
	City/State and Zip Code	(1)	∠ '` '
	,	:	
	KSauter@hsrilaw.com		
E	KSauter@bsrjlaw.com -mail address: (to be used for future annual repo	ort notification)	· 9
For fi	urther information concerning this m	atter, please call:	
	Andrea /	at (<u>.973</u>) <u>267–9600</u>	
	Name of Person	Area Code & Daytime Telephone Nu	mber
	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		
	Enclosed is a check for the follow	wing amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Co	ру

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:A	ndersen Promotions, LLC		
2. (a) Principal office address of limited liability company	c/o 368 Passaic Avenue		
(Note: MUST BE STREET ADDRESS)	Fairfield, New Jersey 07004		
(b) Mailing address of limited liability company:	P.O. Box 10362		
(Note: MAY BE POST OFFICE BOX)	Fairfield, New Jersey 07004		
August 24, 2009 3. Date of filing/registration in Florida	L0900081426 4. Document number		
3. Date of mingregistration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Daniel P. Andersen		
Registered Office Address:	11537 Andy Rose Lane Captiva, FL 33924		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: ST 22 22 22 22 22 22 22 22 22 22 22 22 22		
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. Signature of a member or authorized representative of a member Daniel P. Andersen, Managing Member			
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with any accept the obligations of my pand to the provision of the prov	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.		
Signature of Registered Agent	y me toon nongree in mining of me change.		