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(Requestor's Name)						
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(Address)						
(City/State/Zip/Phone #)						
(,						
PICK-UP WAIT MAIL						
						
(Dusiness Estitu Norma)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A. LUNT						
NOV 1 6 2010						
EXAMINE						

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations						
SUB		rehous			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Name	of Limited	Liadii	ity Com	ipany		
Dear	Sir or Madam:						
The e	enclosed Registered Agent/Registere	d Office (Change	and fee	(s) are submitted for	or filing.	
Pleas	e return all correspondence concern	ing this m	atter to	the foll	owing:		
	James A. Bradshaw						
	Name of Person						
 -	Storehouse Treasures, I	LC				201 SAL	
	Firm/Company					2010 NOV 15 SEENETARN ALLAHASSI	-
						DV 15 AM II: 28 ETARY OF STATE HASSEE-FLORID	Ī
	146 Palm Coast Resort Blvc	l., #302				SE 35	}
	Address					<u> </u>	5
						AM II: OF STA	C
	Palm Coast, FL 3213	7				₹ ::	•
	City/State and Zip Code	<u> </u>				超新 28	
	oley, blase and stip cour						
	jbradshaw@storehousetreasu -mail address: (to be used for future annual rep	Ires.com	on)				
For fi	urther information concerning this n	natter, plea	ase call	•			
	James A. Bradshaw	at (407		416-4521		
	Name of Person			Area Code	& Daytime Telephone	Number	
	STREET/COURIER ADDRESS:		MA	HING	ADDRESS:		
	Registration Section			istration			
	Division of Corporations				Corporations		
	Clifton Building			. Box 63			
	2661 Executive Center Circle		Tal	ahassee,	Florida 32314		
	Tallahassee, Florida 32301						
	Enclosed is a check for the follo	wing amo	unt:				
	\$25 Filing Fee		□ \$5	5 Filine	Fee & Certified C	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.

agent, or both, in the state of Florida.					
1. Name of the limited liability company:	Storehouse Treasures, LLC				
2. (a) Principal office address of limited liability comp	pany: 146 Palm Coast Resort Blvd. #302				
(Note: MUST BE STREET ADDRESS)	Palm Coast, FL 32137				
(b) Mailing address of limited liability company:	146 Palm Coast Resort Blvd. #302				
(Note: MAY BE POST OFFICE BOX)	Palm Coast, FL 32137				
September 1, 2009	L09000085460				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown					
Registered Agent:	James A. Bradshaw 長用 2				
Registered Office Address:	2563 River Landing Drive Sanford, FL 32771				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	146 Palm Coast Resort Blvd. #302				
	Palm Coast ,FL32137				
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the limited liability company or as of the limited liability company or as of the limited liability company. Signature of a member or authorized representative of a member	te Florida street address of the registered office dentical. Or, in the case of a Florida limited re(s) was/were authorized by an affirmative vote				
James A. Bradshaw Printed or typed name of signee	Mary Market				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd 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 pany has been notified in writing of this change.				
Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314				

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