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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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Office Use Only



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SECREDARY OF STATE

TALLAHASSEE, FI OR ID.

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J. SAULSBERRY EXAMINER JAN 10 2012

COVER LETTER

| Division of Corp | porations | | | | |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------|--------------------------|--------------------------------------------------------------------------|---------------------|
| SUBJECT: | Sav | whorse | Tack Trur | nks LLC | |
| | | | d Liability C | | |
| Dear Sir or Madam: | | | | | |
| our or wadam. | | | | | |
| The enclosed Registered | l Agent/Registered | d Office | Change and f | fee(s) are submit | ted for filing. |
| Please return all corresp | ondence concerni | ng this n | natter to the fo | following: | |
| | lsea S. Blackie | | | | |
| Na | ame of Person | | | | |
| | e Tack Trunks L | LC_ | ···· | | 201 عد اید |
| Fi | rm/Company | | | | 2012 JAN SECRETA |
| Р | O. Box 7483 | | | | -6 (SSE) |
| · · | Address | | | | in C |
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| St Pate | ersburg, FL 3373 | 2 Λ | | | 7ATE 0810 |
| | tate and Zip Code | - | | | 57 ∂A |
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| chelena | asawbarsalla ac | ama | | | |
| Chelsea(E-mail address: (to be use | d for future annual report | nt notificati | on) | | |
| For further information of | concerning this ma | atter, ple | ease call: | | |
| Chelsea E | 3lackie | at (_ | 941_)_ | 387-6 | 271 |
| Name of Per | son | | Area Co | ode & Daytime Telepl | none Number |
| STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, Florid | on rations enter Circle | | Registration of P.O. Box | G ADDRESS: on Section of Corporations 6327 ee, Florida 32314 | |
| | | | | | |
| Enclosed is a ch | eck for the follow | ving am | ount: | | |
| \$25 Filing Fee | ; | | \$55 Fili | ng Fee & Certifi | ed Copy |

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LİMITED 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: | Sawhorse Tack Trunks LLC | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 2. (a) Principal office address of limited liability comp | any: Sawhorse Tack Trunks LLC | | |
| (Note: MUST BE STREET ADDRESS) | 544 12th Street West Bradenton, FL 34205 | | |
| (b) Mailing address of limited liability company: | Sawhorse Tack Trunks LLC | | |
| (Note: MAY BE POST OFFICE BOX) | P.O. Box 7483 St. Petersburg, FL 33734 | | |
| 9/14/2009 | L09000088596 | | |
| 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: | Chelsea S. Blackie | | |
| Registered Office Address: | 210 22nd ACE NE APT 13 | | |
| | St. Petersburg, FL 33704 | | |
| (b) Enter name of NEW Registered Agent and/or N | NEW Registered Office address: | | |
| NEW Registered Agent: | Jordan L. Tawil Esq. | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | The Law Office of Jordan L. Tawil 544 12th Street West Bradenton ,FL34205 | | |
| If the limited liability company is not organized under the 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 change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member CHELSEL S. 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 and I am familiar with and accept the obligations of my Chapter 608, P.S. Or, if this document is being filed to address. Thereby confirm that the limited liability compositions of Corporations, P.O. Box FILING FEE: INHS18 (05/08) | d 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 any has been notified in writing of this change. | | |