

(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:	
A. LUNT	
JUL -8 2011	
EXAMINER	

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07/07/11--01043--004 **25.00

COVER LETTER

Division of Corporations	
	Naughty Outlaw LLC
Name o	f Limited Liability Company
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
·	1 2
Lawrence A. Drescher	AE E
Name of Person	LAHASSEE, FLO
Naughty Outlaw LLC	SS -1 (
Firm/Company	
DEOD Owner Halland On	20 A see
8530 Cypress Hollow Co	
. 144000	
Sanford, FLorida 3277	1
City/State and Zip Code	
NAUGHTY INFO On aught E-mail address: (to be used for future annual report	thotification). tom
For further information concerning this ma	atter, please call:
Jamie Southworth Name of Person	at (321) 287 - CUS9 Area Code & Daytime Telephone Number
Name of 1 crossis	Area code de Dayanto Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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	ring amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in orde agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered
Name of the limited liability company:	Naughty Outlaw
2. (a) Principal office address of limited liability company	40400 0 (1) 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Note: MUST BE STREET ADDRESS)	Clermont, Florida 34711 mg
(b) Mailing address of limited liability company:	12122 Still Meadow Dave
(Note: MAY BE POST OFFICE BOX)	Clermont, Florida 34711
3/1/20/D 3. Date of filing/registration in Florida	L 100000 22 88 7 4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	LAWRENCE Droschu-
Registered Office Address:	12122 Still Madon Dr. Chrmont, Fl. 34711
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
<u>NEW</u> Registered Agent:	Judith Mae Fizer
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8530 Cypress Hollow Court Sanford, Florida 32771 ,FL
If the limited liability company is not organized under the leant confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability 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. Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing 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 company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	

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