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	(Requestor's Name)
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	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
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Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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Office Use Only

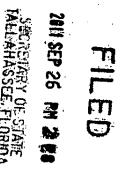
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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations					
SUB	JECT:		elsRus		·····	
	Name of	Limite	d Liabili	ity Compan	У	
Dear	Sir or Madam:					
The	enclosed Registered Agent/Registered	Office	Change	and fee(s) a	are submitted	l for filing.
Pleas	se return all correspondence concerning	g this m	natter to	the following	ng:	
	SHARI MILLAR	<u>, </u>		_		
	Name of Person					
	ALIA LAW GROUP			and the second s		SECOND SECOND
	Firm/Company					HAS
						SEP 26 PM 2 RETARY OF STA WHASSEE, FLOR
	6174 AGEE ST., # 81				•	
	Address					STATE ORIDE
	SAN DIEGO, CA 92122					<i>P</i> —
	City/State and Zip Code			-		
 ,	sales@labelsrus.com E-mail address: (to be used for future annual report	- of Cont	\ 			
•	E-man address. (to be used for future annual report	пошисан	on)			
For f	urther information concerning this mat	tter, ple	ase call:	:		
	Shari Millar	at (_	858	_)	457-427	
	Name of Person		4	Area Code & D	aytime Telephor	e Number
	STREET/COURIER ADDRESS:		MA	ILING ADI	DRESS:	
Registration Section		•	Reg	istration Sec	tion	
Division of Corporations				ision of Corp	oorations	
Clifton Building				. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tall	ahassee, Flor	rida 32314	
	i ananasee, i mida 32301					
	Enclosed is a check for the following	ing am	ount:			
	✓ \$25 Filing Fee		\$5	5 Filing Fee	e & Certified	Сору

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.

Name of the limited liability company:	LabelsRus, LLC					
2. (a) Principal office address of limited liability company	2298 N LAKEFRONT DRIVE					
(Note: MUST BE STREET ADDRESS)	HERNADNO, FL 34442					
(b) Mailing address of limited liability company:						
(Note: MAY BE POST OFFICE BOX)	6015 E RECTOR STREET INVERNESS, FL 34452					
MARCH 15, 2010	L10000028253					
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:	EMMETT K. WILSON					
Registered Office Address:	2298 N LAKEFRONT DRIVE-					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Me - M					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6015 E RECTOR STREET INVERNESS INVERNESS ,FL 34442					
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						
EMMETT K. WILSON Printed or typed name of signee	-					
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Example L. Wilder						
Signature of Registered Agent						

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