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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Only Orational Printed Try				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co				· :	
SUBJECT:	On	ce Anai	n Nance,	IIC (
BUBGECT.			iability Con		
Dear Sir or Madam:				į.	
The enclosed Register	ed Agent/Registered	Office Ch	ange and fee	e(s) are submitted fo	r filing.
Please return all corre	spondence concerning	g this matt	er to the foll	lowing:	
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=	Nancy Paitaris			2	
	Name of Person		 		
			. ,		
				t .	
· Once	Again Nance, LLC	·	· ,	•	
•	Firm/Company		•		
192	25 Helmly Terrace			:	
	Address			:	
	•				
· •	oltono El 22725				
	eltona, FL 32725 y/State and Zip Code		 	:	
	route and arp over		· .	*	
				•	
E-mail address: (to be	ekana@aol.com used for future annual report	notification)		1	
				4 1 4	. •
For further information	n concerning this mat	ter, please	call:		
			, , ,		
Nancy	Paitaris	3	000	E20 E420	
Name of		_ at (3	Area Code	532-5128 e & Daytime Telephone N	umber
	1 GISOR		Airea Cou	e de Buytime Telephone IV	unio
STREET/COU	RIER ADDRESS:		MAILING	ADDRESS:	F
			Registration		
	Division of Corporations Division of Corporations				
Clifton Building		•	P.O. Box 63		
2661 Executive			Tallahassee.	, Florida 32314	
Tallahassee, Flo	rida 32301			1.	
- Enclosed is a	check for the followi	ng amour	ıt:		
\$25 Filing I	iee .	L	\$55 Filing	Fee & Certified Co	ору

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:	Once Again Nance, LLC			
2. (a) Principal office address of limited liability company	y: 155 S. 17-92 Suite A			
(Note: MUST BE STREET ADDRESS)	Debary, FL 32713			
(b) Mailing address of limited liability company:	1925 Helmly Terrace			
(Note: MAY BE POST OFFICE BOX)	Deltona, FL 32725			
June 24, 2010	L10000067912			
3. Date of filing/registration in Florida	4. Document number			
5 (a) Decistored Agent and Decistered Office shows on	the records of the Floride Dest St Street			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dent 30 Seec.			
Registered Agent:	Paitaris, Anthony			
Registered Office Address:	1925 Helmly Terrace			
- Registered Office Address.	Deltona, FL 32725			
	₩ 5			
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:			
NEW Registered Agent:	Nancy Paitaris			
NEW Registered Office Address:	1925 Helmiy Terrace			
(MUST BE FLORIDA STREET ADDRESS)	Deltona ,FL32725			
•	Deltona ,FL32725			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote			
Signature of a member of a uthorized representative of a member	_			
Nancy Paitaris				
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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.			
Signature of Registered Agent	227 Tollaharra EL 22214			

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