L10000077400

(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:

Office Use Only



600211806456

09/12/11--01003--023 **25.00

FILED
11 SEP 12 PH 12: 43
SECRE ARY OF STATE
ANASSEE, FLORIDA

N. Cultigram SEP 1 3 2011

COVER LETTER

	OVERLETTER
TO: Registration Section	. "
Division of Corporations	
Division of Corporations	
	sle Apparel Company, LLC
Name of L	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Gregg Alexander Dafoe	
Name of Person	
SomedayIsle Apparel Company,	LLC
Firm/Company	
4135 Royal Palm Ave.	
Address	
Cocoa, FL 32926	
City/State and Zip Code	
g.alexanderdafoe@gmail.cor E-mail address: (to be used for future annual report no	n otification)
·	,
For further information concerning this matte	er, please call:
G. Alexander Dafoe	at (<u>321</u>) <u>213-3360</u>
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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 following	g amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INTER 10 (#/00)

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: _____SomedayIsle Apparel Company, LLC 4135 Roval Palm Ave. 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Cocoa, FL 32926 4135 Royal Palr (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Cocoa, FL 32926 L10000077400/ July 22, 2010 4. Document number 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Gregg DuFault Registered Agent: 4135 Royal Palm Ave. Registered Office Address: Cocoa, FL 32926 (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: Gregg Alexander Dafoe **NEW** Registered Agent: **NEW** Registered Office Address: 8934 Puerto Del Rio Dr. Unit #501 (MUST BE FLORIDA STREET ADDRESS) Cape Canaveral ,FL32920 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. Weander Signature of a member or authorized representative of a member G. Alexander Dafoe 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.

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

Signature of Registered Agent