[10000101189

(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



800211059478

09/02/11--01011--018 **25.00

11 SEP -2 PM 1:03
SECRETARY OF STATE
ALLAHASSEF: FLORIDA

J. BRYAN

SEP - 6 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT:		ORD				
	Name o	of Limite	d Liabi	nty Co	ompany		
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered	d Office	Change	and f	ee(s) are submitted for	filing.	
Please	return all correspondence concerni	ng this n	natter to	the fo	ollowing:		
	HUMPHREYS M R						
	Name of Person						
					•		
	TREFORDEN LLC Firm/Company						
	, ,						
	3031 WATERFALL						
	Address					SEP CREI	
		_				A95	Γ
	SPRING HILL FL 3460 City/State and Zip Code	8		_		E P	. [
	City/State and Zip code					OF STATE	τ
	MIKEXITREALTY@YAHOO	.COM		_))
E-	mail address: (to be used for future annual repo	rt notificati	on)			البت)	
For fu	rther information concerning this ma	atter, ple	ase call	l:			
	HUMPHREYS M R	at (_	352	<u> </u>	2639028		
	Name of Person			Area Co	ode & Daytime Telephone Nu	mber	
	STREET/COURIER ADDRESS:		MA	MLIN(G ADDRESS:	· ·	
	Registration Section				on Section		
	Division of Corporations				of Corporations		
	Clifton Building). Box			
	2661 Executive Center Circle Tallahassee, Florida 32301		1 21	iaiiasse	ee, Florida 32314		
	Enclosed is a check for the follow	ving am	ount:				
	\$25 Filing Fee		\$ 5	55 Fili	ng Fee & Certified Co	py '	

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:	TREFORDEN LLC					
2. (a) Principal office address of limited liability company	: 3031 WATERFALL DRIVE					
(Note: MUST BE STREET ADDRESS)	SPRING HILL FL 34608					
(b) Mailing address of limited liability company:	3031 WATERFALL DRIVE					
(Note: MAY BE POST OFFICE BOX)	SPRING HILL FL 34608					
9-28-2010	L10000101189					
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:	UNITED STATES CORPORATION AGE					
Registered Office Address:	13302 WINDING OAKS BLVD TAMPA FL 33612					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address: MICHAEL R HUMPHREYS 3031 WATERFALL DRIVE SPRING HILL ,FL34608					
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member HUMPHREYS M R Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of the obligations of my possible to the provisions of the provisions of the provisions of the obligations of my possible to the product of the provisions of the obligations of the provisions of the provisions of the obligations of the provisions of the provisions of the provisions of the obligations of the provisions	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization					

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

Signature of Registered Agent