L11000037354

(Requestor's Name)	
(Address)	60
(Address)	O(
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
AIRINT	



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EXAMINER

SEP 16 2011

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations		
	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
JOYCE M MARSH Name of Person LUXURY HOME COUTURE Firm/Company 873 SUGAR GROVE CA Address PORT ORANGE R 32/2 City/State and Zip Code LUXURY HOME CHIC & GMAIL E-mail address: (to be used for future annual report notification)	LORE TARY OF STATE LAHASSEE, FLORIDA	Banking.
For further information concerning this matter, plea		
JOYCE M. MARSH at (=	386) 299 - 829 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company:	UXURY HOME COUTURE LLC
2. (a) Principal office address of limited liability compar	y: 873 SUGAR GROVE CT
(Note: MUST BE STREET ADDRESS)	PORT ORANGE FL 32129
(b) Mailing address of limited liability company:	873 SUGAR GROVE CT
(Note: MAY BE POST OFFICE BOX)	PORT ORANGE FL 32129
3-29-2011	L11000037354
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 AGENTS IN
Registered Office Address:	13302 Winding OAK CT A TAMPA FL 33612 U.S
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	W Registered Office address: JOYCE M. MARSH
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	873 SUGAR GROVE CT DOPT ORANGE ,FL 32129
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I 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 other or the operating agreement of the limited liability company.	laws of the State of Florida, it is hereby Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member Signature of a member of signature of a member of a member of signature of a member of signature of a member of signature of a member	2011 SEF
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 compand	agree to act in this capacity. I further agree to oper and complete performance of my duties, position as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	7.
// $^{\prime\prime}$ Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314

FILING FEE: \$25.00