L110000040896

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C. LEWIS

JUL 3 0 2012

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Darin Bahl Even Name of Limi	t Design, UC ted Liability Company	
D 0' M 1		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Darin Bahl Name of Person		
Tailored Twig Firm-Company		
3101 W. Chapin Ave.		
Tampa, FL 33611 City/State and Zip Code		
darin @ darin bahle vent s. com E-mail address: (to be used for future annual report notifie	cation)	
For further information concerning this matter,	blease call:	
Brianna Johnson at	(813) 445 - 5005 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 or agent, or both, in the State of Florida.	
1. Name of the limited liability company: Darin	Bahl Evert Design, UC
2. (a) Principal office address of limited liability compa	ıny:
(Note: MUST BE STREET ADDRESS)	3101 W. Chapin AM. Jampa, Fl 33611
(b) Mailing address of limited liability company:	TALL SE
(Note: MAY BE POST OFFICE BOX)	3101 W. Chapin Ave 5 7 Tampa, Pr 33Ley - 7
4/5/2011	_L11000040896 3 0
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	•
Registered Agent:	United States Corporation Agents, Inc
Registered Office Address:	13302 Winding Oak Court Suite A Tampa, FL 331612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	Darin Bahl
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3101 W. Chapin Ave.
	Tampa ,FL 33611
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to h address, I hereby confirm that the limited liability compa	l agree to act in this capacity. I further agree to

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