1110000041681

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SECRETARY OF STATE

D. BRUCE

AUG 0 1 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
CHE	. 12	Guyo	Nami	od Ed				
SUBJ	SUBJECT: 13 Guys Named Ed, LLC . Name of Limited Liability Company						_	
Dear S	Sir or Madam:							
The e	nclosed Registered Agent/Registered	Office	Change	and fe	ee(s) are	e submitted	d for filing.	
Please	return all correspondence concernin	g this m	natter to	the fo	llowing	g:		
								•
	Scott P. Swope, J.D.							
	Name of Person							
	Swope & Bright, P.L.							
	Firm/Company			 -				
							Ass.	
	28870 US Highway 19 N., Thir	d Floor	į				A CO	
	Address	<u> </u>		_				= 7
							29 881 881	LILED
	<u> </u>						m ^O 20	<i>[</i>
	Clearwater, FL 33761		 .	_			FS	[1]
	City/State and Zip Code						3: 39 TATE ORID,	O
	Scott@SwopeBright.com	1 '	ı				.S''' 6	
E-	Scott@SwopeBright.com mail address: (to be used for future annual report	notification	on)	_				
For fu	rther information concerning this ma	tter, ple	ase call	:				
	Scott P. Swope, J.D.	at (727)		725-020	00	
	Name of Person			Area Co	de & Day	time Telephor	ne Number	_
	STDEET/COUDIED ADDRESS.		M	TI INC	ADDE	TECC.		
					G ADDR on Section			
					f Corpor			
·				. Box 6				
2661 Executive Center Circle Ta			Tal	ahassee, Florida 32314				
	Tallahassee, Florida 32301							
	Enclosed is a check for the following	ing amo	ount:	•				
	\$25 Filing Fee		□ \$5	5 Filir	ıg 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 608.508, 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.

Name of the limited liability company:	13 Guys Named Ed, LLC				
2. (a) Principal office address of limited liability compan	y: 3330 San Bernadino St.				
(Note: MUST BE STREET ADDRESS)	Clearwater, FL 33759				
(b) Mailing address of limited liability company:	P.O. Box 1086				
(Note: MAY BE POST OFFICE BOX)	Safety Harbor, FL 34695				
4/6/2011	L11000041681				
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:	Incorp Services, Inc.				
Registered Office Address:	17888 67th Court North				
•	Loxahatchee, FL 33470				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	Swope & Bright, P.L. 28870 US Highway 19 N., Third Floor				
(MUST BE FLORIDA STREET ADDRESS)					
	Clearwater ,FL33761				
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 identiability 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 Signature of a member of antionized correct tative of a member Jeffrey Juszczak Printed or typed name of signee	lorida street address of the registered office ical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization of the case of the registered of the case of a Florida limited of the case of th				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to open and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				

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