

L11000045433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

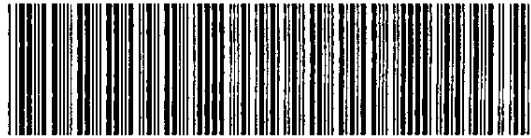
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AS TIME GOES BY LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAIL MORIN
Name of Person

AS TIME GOES BY
Firm/Company

17427 TIFFANY TRACE DR
Address

BOCA RATON FL 33487
City/State and Zip Code

MORIN498@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAIL MORIN at (917) 880-6555
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2011

GAIL MORIN
AS TIME GOES BY LLC
17427 TIFFANY TRACE DRIVE
BOCA RATON, FL 33487

SUBJECT: AS TIME GOES BY LLC
Ref. Number: L11000045433

We have received your document for AS TIME GOES BY LLC and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have the signature of the person signing on behalf of the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 611A00012492

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: AS TIME GOES BY LLC
 2. (a) Principal office address of limited liability company: 17427 TIFFANY TRACE DR
BOCA RATON FL 33487
 (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**)
SAME
L110000 45433
 3. Date of filing/registration in Florida: 4-18-2011
 4. Document number: L110000 45433

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Agent: UNITED STATES CORPORATION AGENTS, INC.
 Registered Office Address: 13302 WINDING OAK COURT
SUITE A
TAMPA FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: GAIL T. MORIN
NEW Registered Office Address: 17427 TIFFANY TRACE DR
(MUST BE FLORIDA STREET ADDRESS) BOCA RATON FL 33487

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.

Gail T. Morin
 Signature of a member or authorized representative of a member
GAIL T. MORIN
 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.
Gail T. Morin
 Signature of Registered Agent

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

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 JUN 13 AM 11:37
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 TALLAHASSEE FLORIDA