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L. SELLERS

JAN - 3. 2012

**EXAMINER** 

Office Use Only



800215318608

- **800215318608** 12/28/11--01044--003 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

то:	-	on Section of Corporations						
SUBJI	ECT:	RADEX	SHOZE	<del></del>				
Dear S	Sir or Mada	m:						
The en	iclosed Reg	gistered Agent/Reg	istered Office (	Change	and fee(s) are submitted for filing.			
Please	return all o	correspondence con	ncerning this m	atter to	the following:			
<u> </u>	Jain	ne Rero	27-		_			
PADEX SHORES LLC  Firm/Company								
3	307	S MAC Address	DILL AV	8	_			
	Ampa	F L City/State and Zip Coo	33609		<u> </u>			
		2MDPAC			<u> </u>			
For fur	ther inform	nation concerning t	his matter, plea	ise call	:			
	Jai	ne Per	e }_ at (_	813	240-2324			
	Nar	ne of Person	, , , , , , , , , , , , , , , , , , , ,		Area Code & Daytime Telephone Number			
	Registration of Clifton Bui 2661 Execu	Corporations	SS:	Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314			
Enclosed is a check for the following amount:								
[	\$25 Fili	ing Fee		<b>\$5</b>	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 608.508, 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:	<u>Σ η Ω∈χ</u>	SHOPES	LLC	
2. (a) Principal office address of limited liabi	lity company:	307	S. 1	MALDILL Ave
(Note: MUST BE STREET ADDRE	<u>SS</u> )	TAMPO	r, FL	33609
(b) Mailing address of limited liability con		SAI	NE AS	Ahove
3. Date of filing/registration in Florida		_ 110000 4		
5. (a) Registered Agent and Registered Office	ce shown on the r	ecords of the Flor	rida Dept. c	f State:
Registered Agent:		ORPORAT	ION SE	evice CO.
Registered Office Address:	<u> </u>	201 HAYS	5T SE FL	20 108 28
(b) Enter name of <u>NEW Registered Agen</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:		Jaime 307 S	address: PEIC	
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that to of the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a memper or authorized repre	ed under the laws made, the Florid will be identical. the change(s) was or as otherwise lity company.	la street address o Or, in the case o s/were authorized e provided in the a	orida, it is I f the registor of a Florida by Afficial AHASSEE, FLORIDA	ered office limited pative vote rganization
Signature of Registered Span	D.O. Do.:: /225 /	Callabarra El	20214	
/ N1/ /				his chänge.

**FILING FEE: \$25.00**