## 11000050598

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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Refurbished Copiers of Tampa Bay, LLC. SUBJECT: 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: Gabor P. Karolyi Name of Person Refurbished Copiers of Tampa Bay, LLC Firm/Company 3510 W. Ballast Point Blvd Address Tampa/Florida 33611 City/State and Zip Code gpk1952@verizon.net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabor P. Karolyi Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

\$55 Filing Fee & Certified Copy

✓ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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: Refurbished Copiers of Tampa Bay, LLC	
2. (a) Principal office address of limited liability company	: 3510 W Ballast Point Blvd
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33611
(b) Mailing address of limited liability company:	3510 W. Ballast Point Blvd
(Note: MAY BE POST OFFICE BOX)	Tampa, FL 33611
04/28/2011	L11000050598
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:	Gabor P. Karolyi
Registered Office Address:	3510 W. Ballast Point Blvd 😂 Tampa, FL 33611 — — — — — — — — — — — — — — — — — —
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	11 ( C )
NEW Registered Agent:	TO E SUM
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2217 Valleybrook Averge S Valrico, FL 33594
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.  Signature of a member or authorized representative of a member  Gabor P. Karolyi  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.	
and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ition as registered agent as provided fulles, ely reflect a change in the registered office has been notified in writing of this change.

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