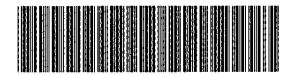
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(Requestor's Name)			
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PICK-UP] WAIT	MAIL	
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COVER LETTER

TO:	Registration Section Division of Corporations			
		•		
SUBJECT: Selling Tampa Bay LLC				
	Name of	Limited	Liability C	Company
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office C	hange and	fee(s) are submitted for filing.
Please	e return all correspondence concernin	g this ma	tter to the	following:
	Joshua Derek Taylor			
	Name of Person			
	Selling Tampa Bay LLC Firm/Company			
	P.O. Box 3169 Address			
	Tampa, FL 33601 City/State and Zip Code			
E	Josh@sellingtb.com E-mail address: (to be used for future annual repor	t notification	<u>a) · · · · · · · · · · · · · · · · · · ·</u>	
For fi	urther information concerning this ma	tter, plea	se call:	
	Joshua Taylor	at (518)	229 6048
	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	·	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314
	Enclosed is a check for the follow	ing amoi	ınt:	
	\$25 Filing Fee	!	\$55 Fi	ling 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:	Selling Tampa Bay LLC
2. (a) Principal office address of limited liability company	y: 702 Promenade Place
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33602
(b) Mailing address of limited liability company:	P.O. Box 3169
(Note: MAY BE POST OFFICE BOX)	Tampa, FL 33601
06/07/2011	L11000066413
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:	Joshua Derek Taylor
Registered Office Address:	702 Promenade Place Tampa, FL 33602
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	W Registered Office address Joshua Derek Taylor 1801 E Sahlman Dr Tampa, FL 33605
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 authorized representative of a member Joshua Taylor Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providence of the obligations of my possible to the providence of the obligations of the providence of the providence of the obligations of the providence of the prov	lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Signature of Registered Agent	

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

INHS18 (05/08)