

4110000111109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

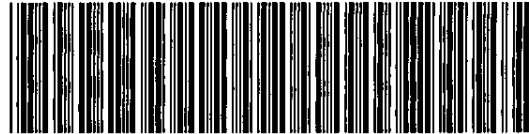
(Business Entity Name)

(Document Number)

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SECONDARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 09 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Great Tasting Smoothies
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:

Daniel B. Norris

Name of Person

Great Tasting Smoothies

Firm/Company

221 Cricle Drive

Address

Hialeah, Florida 33010

City/State and Zip Code

Dnorris21@yahoo.com

E-mail address: (to be used for future annual report notification)

Daniel B. Norris

Name of Person

at (786)

306-4716

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

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12 JAN -6 PM 3:43:1
CLERK 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: Great Tasting Smoothies

2. (a) Principal office address of limited liability company: 221 circle Drive

(Note: **MUST BE STREET ADDRESS**)

Hialeah, Florida 33010

(b) Mailing address of limited liability company: 221 Circle Drive

(Note: **MAY BE POST OFFICE BOX**)

Hialeah, Florida 33010

June 7, 2011
3. Date of filing/registration in Florida

L11000066609
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Business Filings Incorporated

Registered Office Address: 1203 Governors Square Blvd, Suite 101,
Tallahassee, Florida 32301-2960
County of Leon

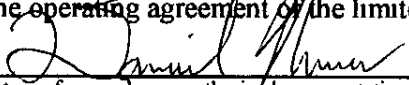
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Daniel B. Norris

NEW Registered Office Address: 221 Circle Drive
(MUST BE FLORIDA STREET ADDRESS) Hialeah, FL 33010

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

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

Daniel B. Norris

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.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00