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COVER LETTER

TO: Registration Section Division of Corporations		
	tle C's Custom, LLC	
Name of I	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:		
Charles Lawson		
Name of Person		
Little Cla Contain 11 C		
Little C's Custom, LLC Firm/Company		
V		
2020 Old Doutons Bood		
2020 Old Daytona Road Address		
, 2001000		
Port Orange, Florida 3212	Q	
City/State and Zip Code	8	
•		
littlec 93@vahoo.com		
littlec_93@yahoo.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
•	•	
Charles Lawson	at (573) 754-0371	
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		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$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. Little C's Custom, LLC Name of the limited liability company: ______ 313 North Tomoka Farms Road 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite_500 Daytona Beach, Florida 32124 2020 Old Daytona Road (b) Mailing address of limited liability company: Port Orange, Florida 32128 (Note: MAY BE POST OFFICE BOX) L11000076957 07/05/2011 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Lawson, Charles Registered Agent: 835 Commonwealth Boulevard Registered Office Address: Port Orange, Florida 32127 (b) Enter name of NEW Registered Agent and/or NEW Registered Office addre Lawson, Charles **NEW** Registered Agent: 2020 Old Daytona Road **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Port Orange 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 Charles Lawson 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 auties, 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