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EXAMINER



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09/19/11--01038--019 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ask Me Beads, LLC Name of Limited Liability Company
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:
Judy Dizech
Name of Person
Ack Ma Dand 110
Ask Me Blads, LLC Firm/Company
\rightarrow \sim
506 1613+ Avenue
J. Potersburg 71 33708 City/State and Zip/Code
Judy Or zech & Jampakuy. rr. com Le-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Judy Drzech at (727) 515-224 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 \$\ 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.

1. Name of the limited liability company: ASK Me Beads, LLC

2. (a) Principal office address of limited liability company: 506 1615 Avenue

(Note: MUST BE STREET ADDRESS)

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

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:

Registered Office Address:

United States Corp Hyents, Inc 13302 Winding Oak Court # A Tampa, 41 93612

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

NEW Registered Agent:

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 506 1615+ Avenus St. Petersburg, FL 33708

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 of authorized representative of a member

Tudy Drzech
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