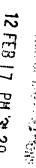
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COVER LETTER

Division of Corporations			
SUBJECT: The Froghair Group LLC Name of Limited Liability Company			
Name of Limited Liability Company			
Dear Sir or Madam:	12/2		
The enclosed Registered Agent/Registered Office Change and fee(s) are subn	٠,٠		
Please return all correspondence concerning this matter to the following:			
Seoff Wood Name of Person			
The Froghais Group LLC Firm/Company			
17531 Fairmeadow Dr. Address			
Tampa, FL 33647 City/State and Zip Code			
geoff & frogha: beer. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Heff Wood at (440 382 - 66) Name of Person Area Code & Daytime Te			
/ Name of Person Area Code & Daytime Te	tephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301			
England is a shoot for the following amounts			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\text{Cert}\$	tified 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.

11	1 1
1. Name of the limited liability company: The From	ghair broup LLC
2. (a) Principal office address of limited liability company	: 17531 Fairmandow Dr.
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33647
(b) Mailing address of limited liability company:	17531 Fairmedow Dr.
(Note: MAY BE POST OFFICE BOX)	Tampa, FC 33647
	
2/15 09/08/11	L11000102655
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State
Registered Agent:	Suff Wood
Registered Office Address:	5125 Palm Springs Blvd. #102
	Tampa, FL 33647
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
NEW Registered Agent:	Most Wood
<u>NEW</u> : Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17531 Fairmeadow Dr.
MOST BE I ECRIDA STREET ADDRESSY	Tampa ,FL 33647
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	•
Geoff Wood	,
Printed or typed name of signce	•
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, Thereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in 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