## 111000/0559/

(F	Requestor's Name)		
	Address)		
(7			
(Address)			
(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		

Special Instructions to Filing Officer:

A. LUNT

OCT 30 2012

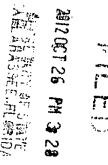
**EXAMINER** 

Office Use Only



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## **COVER LETTER**

**TO:** Registration Section

INHS18 (5/08)

	Division of Corporations	
	SUBJECT: Elegance in AR Name of Limited	T Glass LLC Liability Company
	Dear Sir or Madam:	
	The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
	Please return all correspondence concerning this ma	atter to the following:
MGRM	: John Inselman Name of Person	· ,
	Elegance in ART	Glass LLC
	3675 HEDrick	#12 QCT 26
	Address  Address  City/State and Zip Code	32266
	E-mail address: (to be used for future annual report notification	not mail . com
	For further information concerning this matter, plea	ase call:
MGR	M. AMANDA L. Lambi (S	805) 586-0533 Area Code & Daytime Telephone Number
·	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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.

ageni, or boin, in the state of Fioriaa.	
1. Name of the limited liability company:	e in Artglass LCC
2. (a) Principal office address of limited liability compan	y: 3675 HEDrick ST.
(Note: MUST BE STREET ADDRESS)	Jacksonville, FL 32205
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	3675 HEDrick ST. Jacksonville, FL 32205
9-15-11	L11000105591
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:	United STATES Corporation Agents IN
Registered Office Address:	13302 WINDING DAK COUTT A TAMPA , FL & 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address:  Amanda L. Lamb  3675 HEDRICK
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	JACKSONVILLE ,FL 32204
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change(so the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member authorized representative of a member.  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the properties of the indications of my part of the limited liability company. Or affects the obligations of my part of the limited liability company address, thereby confirm that the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Senature of Registered Agent	:

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

FILING-FEE: \$25.00