## L12000014007

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PICK-UP WAIT MAIL		
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

, C	COVER LETTER:
TO: Registration Section Division of Corporations	c Group LLC
SUBJECT: Watch Maskers Name of	C Group LLC 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:
Logan Legios	<del></del>
watch masters greating.	y Hc
3870 NE 222 Feri	<del>+2</del> (
Lighthouse Point FL City/State and Zip Code	33064
E-mail address: (to be used for future annual report	all COM notification)
For further information concerning this mat	ter, please call:
Logen Legreis  Name of Person	at ( 954) 277 2567  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 followi	ng 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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company: War	tch Mosters Group LLC
2. (a) Principal office address of limited liability company	· · · · · · · · · · · · · · · · · · ·
(Note: MUST BE STREET ADDRESS)	Deerfield Beach FL 3344/
(b) Mailing address of limited liability company:	265 s Federal they #104 Deerfield Beach FC 33441
(Note: MAY BE POST OFFICE BOX)	Deerfield Beach FC 33441
1/1/12	L1200 001400720
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:	Logar Leyror 3 Es
Registered Office Address:	Deer held Bern FL 33441
NEW Registered Agent:	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2640 N. Fedral Hung suite B3 #41
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	Ilorida 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
Signature of a member or authorized representative of a member	_
Printed or typed name of signee	<del>_</del>
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in orely reflect a change in the registered office by 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