

L12 000030704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

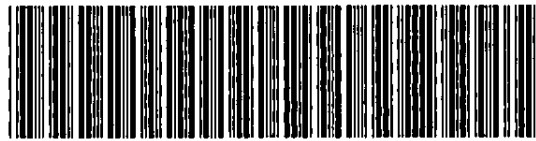
(Business Entity Name)

(Document Number)

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JUL - 1 2013
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STATE OF TEXAS
FALL ARIZONA COUNTY CLERK

2013 JUN 28 AM 2:00

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Butcher Shoppe + a bit more ... LLC
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:

Michelle M. Robinson

Name of Person

A Butcher Shoppe + a bit more ... LLC

Firm/Company

2190 45th St #105

Address

Verd Beach, FL 32967

City/State and Zip Code

michellerobinson@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle M. Robinson at (772) 794.0040

Name of Person

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 following amount:

\$25 Filing Fee

check # 320 enclosed

\$55 Filing Fee & Certified Copy

2013 JUN 28 PM 2:00
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

INHS18 (5/08)

6/24/13: Note Peter A Conti is resigning as registered agent +
Michelle M. Robinson to be registered agent

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: A Butcher Shoppe + a bit more... LLC

2. (a) Principal office address of limited liability company: 2190 45th ST
#105
Vero Beach, FL 32967
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: same as above (2a)
(Note: MAY BE POST OFFICE BOX)

March 2012
3. Date of filing/registration in Florida

L 12000030704
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: (resigning) Peter A Conti - resigned
Registered Office Address: _____
6/24/13

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Michelle M. Robinson
NEW Registered Office Address: 2190 45th ST
(MUST BE FLORIDA STREET ADDRESS) #105
Vero Beach, FL FL 32967

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]
Signature of a member or authorized representative of a member

Michelle M. Robinson
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]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00