## 120003570

|   | (Requestor's Name)      |          |  |  |  |
|---|-------------------------|----------|--|--|--|
|   | (Address)               |          |  |  |  |
| <del></del>                             | (Address)               |          |  |  |  |
|   | (City/State/Zip/Phone # | 7)       |  |  |  |
| PICK-U                                  | P WAIT                  | MAIL     |  |  |  |
| (Business Entity Name)                  |                         |          |  |  |  |
| (Document Number)                       |                         |          |  |  |  |
| Certified Copies                        | Certificates o          | f Status |  |  |  |
| Special Instructions to Filing Officer: |                         |          |  |  |  |
| ]                                       |                         |          |  |  |  |
|   |                         |          |  |  |  |
|   |                         |          |  |  |  |
|   | Certificates o          | f Status |  |  |  |

Office Use Only

G. MCLEOD

MAY 14 2012

**EXAMINER** 



500234736355

05/10/12--01013--024 \*\*25.00



## **COVER LETTER**

| TO:   | P: Registration Section Division of Corporations                               |                            |                                  |                                 |
|---|--|----------------------------|----------------------------------|---------------------------------|
|   | Division of Corporations   |                            |                                  |                                 |
| SUBJ  | ECT: AGA   | RDEN                       | ERSBUTT                          | ON LLC                          |
| 5020  |  |                            | d Liability Co                   |                                 |
|   |  |                            | •                                | 1                               |
| Dear S  | Sir or Madam:  |                            | •                                |                                 |
| The en  | nclosed Registered Agent/Registered  | Office                     | Change and f                     | ee(s) are submitted for filing. |
| Please  | return all correspondence concerning   | ig this m                  | atter to the fo                  | ollowing:                       |
|   |  |                            |                                  |                                 |
|   | Christina Cully  |                            |                                  |                                 |
|   | Name of Person   |                            |                                  |                                 |
|   | A Gardeners Button LLC   | •                          |                                  |                                 |
| •   | Firm/Company   | <u> </u>                   | <del></del>                      |                                 |
|   | . ,  |                            |                                  |                                 |
|   | 373 SW Ainsley Gln   |                            |                                  |                                 |
|   | Address  |                            |                                  |                                 |
|   |  |                            |                                  |                                 |
|   | Laka City El 32024   |                            |                                  |                                 |
| Lake City, FL 32024  City/State and Zip Code  |  |                            |                                  |                                 |
|   | Sity/State and Sip Code  |                            |                                  |                                 |
|   | agardenershutton@gmail.c   | rom                        |                                  |                                 |
| E-  | agardenersbutton@gmail.c<br>mail address: (to be used for future annual report | notification               | on)                              |                                 |
| For fu  | rther information concerning this ma   | tter, ple                  | ase call:                        |                                 |
|   | •  | -                          |                                  |                                 |
|   | Christina Cully  | at (_                      | 386)                             | 752-2881                        |
|   | Name of Person   |                            | Area Co                          | ode & 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  |                            | \$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.

| 1. Name of the limited liability company:  | AGARDENERSBUTTON LLC   |  |  |  |  |
|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability co  | ompany: 373 SW   | ny: 373 SW Ainsley Gln   |  |  |  |
| (Note: MUST BE STREET ADDRESS)   | Lake City, FL 32024  |  |  |  |  |
| (b) Mailing address of limited liability company   | ry: 373 SW Ainsley Gln   |  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)   | Lake City, FL 32024  |  |  |  |  |
| March 14, 2012   | L12000035  | 5901   |  |  |  |
| 3. Date of filing/registration in Florida  | 4. Document number   |  |  |  |  |
| 5. (a) Registered Agent and Registered Office show   | wn on the records of the Florida D   | Dept. of State:  |  |  |  |
| Registered Agent:  | UNITED STATES CORPORATION  |  |  |  |  |
| Registered Office Address:   | Legal Zoom 13302 WINDING OAK COURT A TAMPA FL 33612 US   |  |  |  |  |
| (b) Enter name of NEW Registered Agent and/o   | or NEW Registered Office addr  | ess: 5   |  |  |  |
| NEW Registered Agent:  | Christina Cully  |  |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS   |  |  |  |  |  |
|  | Lake City  | FL32024  |  |  |  |
| If the limited liability company is not organized under confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company. | the Florida street address of the identical. Or in the case of a Fl  | registered office  |  |  |  |
| Christina Cully  |  |  |  |  |  |
| Printed or typed name of signee  | <del></del>  |  |  |  |  |
| I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co  | and agree to act in this capacity.<br>the proper and complete performe<br>my position as registered agent a<br>l to merely reflect a change in the<br>ompany has been notified in writin | I further agree to<br>ance of my duties,<br>s provided for in<br>registered office<br>ig of this change. |  |  |  |
| Signature of Registered Agent  |  |  |  |  |  |

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