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K.SALY EXAMINER AUG 15 2012

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ		rge Service, LLC Liability Company				
Dear	Sir or Madam:		·			
The e	nclosed Registered Agent/Registered O	ffice (Change an	id fee(s) a	re submitted for filing.	
Please	e return all correspondence concerning	this m	atter to the	e followin	ng:	
	Wayne J Hall					
	Name of Person					
	Firm/Company	. <u></u>				
	4235 Hidden Lakes Dr Address					
	Port Orange, FL 32129 City/State and Zip Code					
E	wifh 777@hotmail.com -mail address: (to be used for future annual report no	otificatio	on)			
For fi	urther information concerning this matte	er, plea	ase call:			
	Wayne J Hall	_ at (386	Codo & D	214-4119	_
	Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAIL Regist Division P.O. B	LING ADE ration Sect on of Corp lox 6327 assee, Flor	tion orations	
	Enclosed is a check for the followin	g amo	ount:			
	\$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.

•					
Name of the limited liability company:	IYT Concierge Service, LLC				
2. (a) Principal office address of limited liability compa	any: 4235 Hidden Lakes Dr				
(Note: MUST BE STREET ADDRESS)					
	Port Orange, FL 32129				
(b) Mailing address of limited liability company:	4235 Hidden Lakes Dr				
(Note: MAY BE POST OFFICE BOX)					
	Port Orange, FL 32129	_			
04/30/2012	L12000057480				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:				
Registered Agent:	Wayne J Hall				
Registered Office Address:	616 Bay Ave	4			
	دن المحالة Holly Hill, FL 32117				
	Fig. 3				
(b) Enter name of NEW Registered Agent and/or N	NEW Registered Office address:				
NEW Registered Agent:	Wayne J Hall	نــ 			
NEW Registered Office Address:	4235 Hidden Lakes Dr				
(MUST BE FLORIDA STREET ADDRESS)	Port Orange ,FL32129	—			
		—			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as other operating agreement of the limited liability company.	e Florida street address of the registered office lentical. Or, in the case of a Florida limited				
Signature of a member or authorized representative of a member					
Wayne J Hall					
Printed or typed name of signee					
I hereby accept the appointment as registered agent an comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree proper and complete performance of my dutie position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change	to s, 1			
Signature of Registered Agent					

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