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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Shade Designers, LLC						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	is matter to the	following:				
Mich	ael P. Peterson						
	Name of Person		_				
Pete	rson, Baldor & Maranges, PLLC						
•	Firm/Company						
8000	SW 117 Avenue, Suite 206						
	Address	***					
Mian	ni, Florida 33183						
	City/State and Zip Code						
mich	ael@pbmlegal.net						
F	E-mail address: (to be used for future ann	ual report notif	īcation)				
For fu	rther information concerning this matter,	please call:					
Mich	ael P. Peterson	305	270-3773				
	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		Re Di P.G	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	\$25 Filing Fee	□ \$3	55 Filing Fee & Certified Copy				
INHSI	8 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Shade Designation	gners,	LLC	-				
2. (a)	12014 Metro Parkway		(b)	9875 N	orthwest 79th Ave	nue		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(=)		Mailing address of limited (Note: MAY BE POST		_	
	Fort Myers, Florida 33966		-	Hialeah	Gardens, FL 330	16		_
	07/31/2012		L	.120000	98153			
3.	Date of filing/registration in Florida	4.			Document number			
5. (a)	Peterson, Michael P. Esq.							
5. (u)	Registered Agent and Registered Office shown on the records of 10631 SW 88th Street,	of the Flor	ida f	Dept. of Stat	- c:	;		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 220			_	PACATA AND AND AND AND AND AND AND AND AND AN	2015 AUG	-17	
	Miami	_{FL} 3317	6		_	50.5	27	
	Enter name of NEW Registered Agent and/or NEW Registered 8000 SW 117 Avenue NEW Registered Office Address:	ed Office	addr	<u>"ess</u> :	-		12: 18	
	Suite 206				_			
	Miami , F	_{FL_} 3318	3		_			
Signal I here provis. the obtained to mer notifie	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the operating agreement of the operating agreement of the proper and completely accept the appointment as registered agent and accept the appointment as registered agent and completely reflect a change in the registered office address, at in writing of this change.	of the re liability s of the l he limite gree to a le perfor ded for it I hereby	gist con imit d lia met i man con	ered offic npany, it i ted liabilit ability cor in this cap nce of my hapter 60. afirm that	e and the business off is hereby confirmed the ty company or as other mpany. Printed or typed name of the duties, and I am family, F.S. Or, if this doc the limited liability c	fice of the rehat the chan erwise provi	egister ige(s) ided in)
_	Michael Division of Corporations P.O. Museum Wember FILING). Box 63 FEE: \$2	27∢ 25.0	Tallaha 0	ssee, FL 32314			