#1/2000/02/13

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(8	usiness Entity Name)	
(2		
	ocument Number)	
(D	ocament Namber)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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K.SALY EXAMINER SEP - 6 2012

COVER LETTER

Division of Corpo	rations			
SUBJECT:	тс	BACO 4	LESS LLC	
30B0E01.			ability Company	7
Door Sir on Madama				
Dear Sir or Madam:				
The enclosed Registered	Agent/Registered (Office Char	nge and fee(s) ar	re submitted for filing.
Please return all correspo	ndence concerning	this matter	r to the followin	g:
	NG CHEN			
Nan	ne of Person			
	O 4 LESS LLC			
Fim	n/Company			
5530 C	HANTILLY CIR			
A	ddress			
MILTO	ON, FL 32583			
City/Sta	te and Zip Code			
MAILBOX@CH/ E-mail address: (to be used	ANCOMPANYLL	C.COM		
E-man address. (w be used	for future annual report i	iottiication)		
For further information co	ncerning this matt	ter, please o	call:	
HELEN I	.EE	_ at (21	12)	566-0560
Name of Pers	on	ar (-	ytime Telephone Number
STREET/COURI	ED ADDDECC.		MAILING ADD	DECC.
Registration Section			MAILING ADDRESS: Registration Section	
Division of Corpora			Division of Corporations	
Clifton Building	HOHS	P.O. Box 6327		
2661 Executive Cer	stor Cirola			22214
			Tallahassee, Flori	ua 32314
Tallahassee, Florida	132301			
Enclosed is a che	ck for the followin	ng amount	*• •B	
\$25 Filing Fee		J	\$55 Filing Fee	& Certified Copy

TO: Registration Section

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:	TOBACO 4 LESS LLC		
2. (a) Principal office address of limited liability compa	any: 4232 HWY 90		
(Note: MUST BE STREET ADDRESS)	PACE, FL 32571		
(b) Mailing address of limited liability company:	5530 CHANTILLY CIR		
(Note: MAY BE POST OFFICE BOX)	MILTON, FL 32583		
AUGUST 08, 2012	L12000102113		
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 Sta	رَيْنَ الْمُ	
Registered Agent:	YING CHEN	F6 7	
Registered Office Address:	5675 HWY 90	F 1	
	MILTON, FL 32570		
	EOK		
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:	היים היים	
NEW Registered Agent:			
NEW Registered Office Address:	4232 HWY 90		
(MUST BE FLORIDA STREET ADDRESS)	PACE ,FL32	571	
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 ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as oft or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered entical. Or, in the case of a Florida limit (s) was/were authorized by an affirmative	office ted ve vote	
YING CHEN			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes 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 composition of Registered Agent	l agree to act in this capacity. I further proper and complete performance of my position as registered agent as provided merely reflect a change in the registered any has been notified in writing of this c	agree to duties, l for in l office hänge.	