## 12000118833

Req	uestor's Name)	
(Add	ress)	<del></del>
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(Busi	iness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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J. SAULSBERRY EXAMINER JAN 1 0 2013

## **COVER LETTER**

TO: Registration Section

INHS18 (5/08)

Division of Corporations					
SUBJECT: Coffee Readings LLC					
	f Limited Li	ability	y Company		
Dear Sir or Madam:					
The analoged Decisioned Accord/Decision 1	Off - Ob-		. 1 C . (.) 1		
The enclosed Registered Agent/Registered	Office Chai	nge ar	nd tee(s) are sub	omitted for filing.	,
Please return all correspondence concerning	g this matte	r to th	ne following:		
A44.0					
Adria Gonzalez	·				
Name of Person					
Firm/Company			•	t ·	
- and company				<b>产</b> 属	281
4630 South Kirkman Road Unit #	<b>‡</b> 309				JAN
Address			-	67	32 
					-
Orlando, FL 32811			_	E S	×
City/State and Zip Code					ယ
info@coffeereadings.com				<b>≯</b>	ũ
E-mail address: (to be used for future annual repor	rt notification)		-		
For further information concerning this ma	atter niesce	call.			
10. Imale mornation concerning and me	mer, prease	caii.			
Adria Gonzalez	at ( 407		× 536-8757		
Name of Person	at (_407	Aı	rea Code & Daytime	Telephone Number	
STREET/COURIER ADDRESS:		BAAT	I INC ADDDEC	e.	
Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle		Talla	hassee, Florida 3	2314	
Tallahassee, Florida 32301			·		
Enclosed is a check for the follow	ving amoun	it:			
\$25 Filing Fee	J		Filing Fee & C	ertified Conv	
	_	- U.J	I ming I co cc C	or arrive 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:	Coffee Readings L	LC		
2. (a) Principal office address of limited li  (Note: MUST BE STREET ADD.	bility company:	4630 South Kirkman Ro	pad Unit #309	
	ESS)	Orlando, FL 32811		
(b) Mailing address of limited liability co (Note: MAY BE POST OFFICE B	ompany:	4630 South Kirkman R Orlando, FL 32811	oad Unit #309	
09/18/2012	_	L12000118833		<del></del>
3. Date of filing/registration in Florida	4.	Document number		
5. (a) Registered Agent and Registered Off	fice shown on the	records of the Florida	Dept_of State:	
Registered Agent:	_	Eliezer Santana Jr	2013 Strict	
Registered Office Address:		4630 South Kirkman F	Road tinit #309	ال.
	_	Orlando, FL 32811	- F	_
	_		707 <b>3</b> ₹	$\dot{\overline{m}}$
(b) Enter name of NEW Registered Age	ent and/or NEW	Registered Office add		
NEW Registered Agent:		Adria Gonzalez	5 m ω	
NEW Registered Office Address:		4630 South Kirkman R	Road Unit #309	
MUST BE FLORIDA STREET ADDRESS)		Orlando	,FL_32811	
If the limited liability company is not organiconfirmed that after the change or changes a and the business office of the registered ager liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability company the limited liability company is not organically agreement that the limited liability company is not organically agreement of the registered ager liability company is not organically agreement that the limited liability company is not organically agreement that after the change or changes a liability company is not organically agreement that the limited liability company is not organically agreement that the limited liability company is not organically agreement of the limited liability company is not organically agreement of the limited liability company is not organically agreement of the limited liability company is not organically agreement of the limited liability company is not organically agreement of the limited liability company is not organically agreement of the limited liability company is not organically agreement of the limited liability agreement of the liability agreement	re made, the Flor nt will be identica t the change(s) w y or as otherwise ity company.	ida street address of th ll. Or. in the case of a	e registered office Florida limited	
Eliezer Santana Jr				
Printed or typed name of signee				
I hereby accept the appointment as register comply with the provisions of all statutes reland I am familiar with and accept the obligation of the configuration of the configurat	ed agent and agr ative to the prop ations of my posit ing filed to mere ability company h	ee to act in this capaci er and complete perfor jon as registered agen y reflect a change in to as been notified in wri	ty. I further agree mance of my dutic t as provided for i he registered offic iting of this chang	es, es, n ee e.

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