## 2/2000/2/783

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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Caboose Place Warehouse LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles R. Litton

Name of Person

Caboose Place Warehouse LLC

Firm/Company

3830 Caboose Place

Address

Sanford, FL 32771

City/State and Zip Code

Charles@instamove.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Charles Litton** 

\_\_407

330-7320

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

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

## 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. N	ame of the limited liability company: Caboose Place Wa	rehouse LLC	
2. (a	) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 3830 Caboose Pl Sanford, FL 32771	
(8	o) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	3830 Caboose PI Sanford, FL 32771	
09/24/	2012	L12000121783	
3. D	ate of filing/registration in Florida	4. Document number	
5. (	a) Registered Agent and Registered Office shown on		ida Dept, of State:
	Registered Agent:	Charles R. Litton	<u>₹</u>
	Registered Office Address:	1970 Dolgner Pl	() P( ) ( )
		Sanford, FL 32771	
			<u> </u>
(ł	o) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office :	address 2
	NEW Registered Agent:	Charles R. Litton	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3830 Caboose PI	
	MOST BE PEORIDA STREET ADDRESSY	Sanford	,FL32771
conf and liabi the r	e limited liability company is not organized under the irmed that after the change or changes are made, the the business office of the registered agent will be ideality company, it is hereby confirmed that the change members of the limited liability company or as otherwoperating agreement of the limited liability company.  There of a member or authorized representative of a member	Florida street address of ntical. Or, in the case o s) was/were authorized	f the registered office f a Florida limited by an affirmative vote of
	es R. Litton ed or typed name of signee	_	
I he com and Cha addi	reby accept the appointment as registered agent and ply with the provisions of all statutes relative to the pl am familiar with and accept the obligations of my pper 608, F.S. Or, if this document is being filed to neers. I hereby confirm that the limited liability compa	agree to act in this cap roper and complete per osition as registered as aerely reflect a change in ny has been notified in	acity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.

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