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#### COVER LETTER

TO: **Registration Section Division of Corporations** 

The Decorative Edge 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:

### Alexander Buckland

Name of Person

# The Decorative Edge LLC

Firm/Company

169 Steeplechase Circle

Address

Sanford, FL 32771

City/State and Zip Code

# gordon@decorativeedge.net

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

For further information concerning this matter, please call:

## Alexander Buckland

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

# 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	lame of the limited liability company: The Decorative Edg	ge		
2 (	) Dringing office address of limited lightitis, comm	160 Stopplestone Circle		
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)		Senford, FL 32771		
		USA	<u> </u>	_
· a	n) Mailing address of limited liability company:	169 Steeplechase Circle		
(Note: MAY BE POST OFFICE BOX)		Sanford, FL 32771		
		USA		
02/04/	2013	L13000017167		
3. D	ate 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	
	Designand Aments	COCCIANI DANIEL CUE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent: Registered Office Address:	Registered Agent:	FREEMAN, DANIEL C JR.	5 + <b>5</b>	{ {
	Pagistered Office Address:	128 OXFORD ROAD	<b>多</b> 章 二	L. MARKET
	registered Office Address.	FERN PARK, FL 32730 US	<del></del>	#
				3
а	A FORMAL CATALOGUE A A A A A A	2007 D. 1. 1.000 1	· 32	- Company
(0	b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Utilice add	dress 5 m	
	NEW Registered Agent:	ALEXANDER G BUCKLAND		
	NEW Registered Office Address:	169 STEEPLECHASE CIRCLE		
	(MUST BE FLORIDA STREET ADDRESS)	SANFORD, FL 32771	· · · · · · · · · · · · · · · · · · ·	
			,FL_	
confi and t liabi the n the o	e limited liability company is not organized under the irmed that after the change or changes are made, the he business office of the registered agent will be idelity company, it is hereby confirmed that the change nembers of the limited liability company or as other perating agreement of the limited liability company.  The property of a member of authorized representative of a member	Florida street address of the entical. Or, in the case of a (s) was/were authorized by wise provided in the articles	e registered office Florida limited an affirmative vote	of
ALEXA	NDER G BUCKLAND			
	d or typed name of signee	<del></del>		
>	reby accept the appointment as registered agent and ly with the provisions of all statutes relative to the lam familiar with and accept the obligations of my oter 608, F.S. Or, if this document is being filed to ress, Thereby confirm that the limited liability compounts of Registered Agent	l agree to act in this capaci proper and complete perfor position as registered agen nerely reflect a change in th any has been notified in wri	ty. I further agree mance of my duties t as provided for in he registered office ting of this change	to s,
21Miles	Date of August Agent			

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