## 113000030297

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Duringer Salik Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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MAY - 2 2013		
A. LUNT		

Office Use Only



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## **COVER LETTER**

•TO: Registration Section Division of Corporations	
SUBJECT: Can Can Concealm	
Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Alison DuBois Scutte	
Name of Person	
	20
Firm/Company	
334 East Lake Road #258	DI3 APR 29 SEGRETARY ALLAHASSI
Address	70F 7. F
Palm Harbor, FL 34685-24	t to the second of the second
City/State and Zip Code	₽. •
alison@cancanconcealment.d	com
E-mail address: (to be used for future annual report notification	
For further information concerning this matter, p	lease call:
Alison Scutte	727 647-9142
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Enclosed is a check for the following amount:

■ \$25 Filing Fee

2661 Executive Center Circle

Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

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

l'ursuant to the provisions of sections 608.416 or 6 liability company submits the following statement in agent, or both, in the State of Florida.	08.308, Florida Statutes, order to change its regis	, the undersigned limited stered office or registered
1. Name of the limited liability company: Can Can Conc	ealment LLC	
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	nny: 334 East Lake Road #258 Palm Harbor, FL 34685-2427	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	334 East Lake Road #258 Palm Harbor, FL 34685-24	127
02/25/2013	L13000030297	
3. Date of filing/registration in Florida	4. Document numbe	:r
5. (a) Registered Agent and Registered Office shown	on the records of the Flo	rida Dept. of State:
Registered Agent:	Alison DuBois Scutte	
Registered Office Address:	10 Foxfire Lane	
	Oldsmar, FL 34677	20 3 C
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office	
NEW Registered Agent:	Alison DuBois Scutte	m g m
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	334 East Lake Road	STAR S
(MACOL BE I BOREDI OLIMBET (IBDRESS)	Palm Harbor	FL 34685-2427
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	he Florida street address of dentical. Or, in the case of ge(s) was/were authorized erwise provided in the art	of the registered office of a Florida limited I by an affirmative vote of
Alison DuBois Scutte		
Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this cap e proper and complete pe y position as registered a o merely reflect a change pany has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
Signature of Registered Agent		

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