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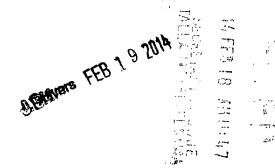
(Requestor's Name)			
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COVER LETTER

Registration Section

TO:

INHS18 (12/13)

Division of Corporations INSIDE OUT DESIGNS & INSTALLATION, 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: TONI KARA Name of Person Firm/Company P.O.BOX 2802 PVB, FL 32004 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TONI KARA STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **\$25** Filing Fee □ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114, 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: INSIDE C	OUT DESIGNS & INSTALLATION, LLC		
2. (a) Principal office address of limited liability (Note: MUST BE STREET ADDRESS)			
(b) Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX)	P.O.BOX 2802 PONTE VEDRA BEACH, FL 3200	4	
04/26/2013	L13000061328	· · · ·	
3. Date of filing/registration in Florida	4. Document number	4. Document number	
5. (a) Registered Agent and Registered Office sl	hown on the records of the Florid	a Dept. of State:	
Registered Agent:	CORPORATION SERVICE COMP	CORPORATION SERVICE COMPANY	
Registered Office Address:	1201 HAYS STREET TALLAHASS	1201 HAYS STREET TALLAHASSEE, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent:	nd/or <u>NEW Registered Office ad</u>	ldress:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	717 HAZELMOOR LANE		
MICSI DE I EURIDA SIREET ADDRE	PONTE VEDRA	FL 32081	
If the limited liability company is not organized up confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or as the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operation of a member of	de, the Florida street address of the identical Or in the case of a	he registered office	
MALEK KARA Printed or typed name of signee		magny 1 to	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 605, F.S. Or, if this document is being fi address I hereby confirm that the limited liability	ent and agree to act in this capac to the proper and complete perfo of my position as registered ager led to merely reflect a change in t	ity I further garee to	

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