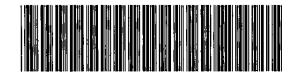
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(Re	questor's Name)						
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PICK-UP	☐ WAÏT	MAIL					
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Certified Copies	_ Certificates	s of Status					
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15 FEB -5 PM 12: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FEB 0 6 2015 T. CARTER

TO: Registration Section Division of Corporations							
SUBJECT: Eraser Farm, UC							
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:							
Cimpy Haynes Name of Person							
ERASER FARM, UC Firm/Company							
3123 E. 4th AVENUE Address							
Tamph FL 33C05 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Person at (813) 748-3854 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 (2/14)							



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 FEB - 5 PH 12: 32

January 12, 2015

CINDY HAYNES ERASER FARM LLC 3123 E. 4TH AVENUE TAMPA, FL 33605 US

SUBJECT: ERASERFARM LLC Ref. Number: L13000147975

We have received your document for ERASERFARM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 615A00000327

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Vame	of the limited l	iability company	: <u>kr</u>	user	tarm,	Ш	<u> </u>		
2. (a		3123	E. 4st Ave	rue		(b)		SAME		····
			e address of limited MUST BE STREET		":		λ	Mailing address of limite (Note: MAY BE POS		
		Tamp	FL 3360	05						_
			·							
			0/21/13					6130001	49999	-
3.		Date of fi	ァクタリ/ス ling/registration	in Florida		4.		Document number	· / / / / J	
5. (a)		RPOLATION (
J. (Re	gistered Agent and	Registered Office sh	nown on the recor	ds of the I	Florida Dept. c	of State	: :		
		/	201 Hay	ST.				_		
	Re	gistered Office Ad	dress (MUST BE	ST. FLORIDA STR	EET ADD	(RESS)			5	SE 38
		185	·					_	FEB	经
		TAC	LAHMSSEE	18 00.	_, FL	<i>3</i> 230/		-	3 - 5	TARY ASS
			0	11.					P.X	######################################
(t	o) <u> </u>	ter name of NEW	Registered Agent ar	nd/or NEW Regis	tered Off	ice address:	<u></u>	-	PM 12: 30	10] 11S
						_			30	30/ 31E
	*****		3123 E.	4th AL	E.			_		
	<u>NI</u>	EW Registered Off	ice Address;							
	_							-		
	_		TAMPA		_, FL	33405	- -	_		
If the	limi	ted liability con	nnany is not orga	nized under th	ne laws o	of the State	of Flo	orida, it is hereby co	onfirmed t	hat after
the c	hange	e or changes are	made, the Florid	da street addre	ss of the	registered	office	e and the business o s hereby confirmed	ffice of th	e registerec
was/	were.	authorized by a	n affirmative vot	te of the memb	ers of th	ne limited li	iabilit	y company or as oth	nerwise pr	ovided in
the a	rticle	s of organizatio	n or the operatin	ig agreement o	t the lim	iited liabilit		•		
Sig	nature	of a member of an	thorized representati	ive of a member	_			Printed of typed name	of signee	
I he	reby o	accept the appo	intment as regist	tered agent an	d agree	to act in thi				oly with the
prov the c	isions bliga	s of all statutes tions of my pos	relative to thē pr ition as registere	roper and comp ed agent as pro	plete per ovided fo	formance of or in Chapte	of my e er 605	acity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	niliar with cument is	and accept being filed
notif	erety îed in	restect a chang writing of this	e in ine regisiere change.	и одное аааге.	ss, i ner	eoy conjirm	i mai	те итпеч наошу	сотрипу	nus veen
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