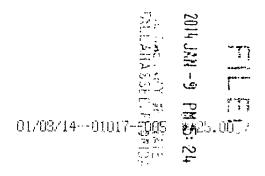
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Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Doug's One Stop 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.	:
Sharon Myers	2014 JAN -9
Name of Person	
Doug's One Stop	
Firm/Company	5. 24 100 100 100 100 100 100 100 100 100 10
7305 Woodridge Pk Drive Apt. 4108	
Orlando,FL. 32818 City/State and Zip Code	
bizservice@ibasupport.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jennifer Yon at (407) 48609	993 time Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section	RESS:

INHS18 (5/08)

■ \$25 Filing Fee

Division of Corporations

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

Clifton Building

□ \$55 Filing Fee & Certified Copy

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

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. Name of the limited liability company: Doug's Or	ne Stop LLC
2. (a) Principal office address of limited liability (<i>Note: MUST BE STREET ADDRESS</i>)	company: 645 W. South Street Orlando, Florida 32818
(b) Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	Apt. 4108 Orlando, Florida 32818
11/01/2013	L13000153794
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shaped Registered Agent:	nown on the records of the Florida Dept. of State:
Registered Office Address:	7305 Woodridge Pk Dr. Apt 4108 Orlando, Florida 32818
(b) Enter name of NEW Registered Agent an	d/or NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	674 W. South Street
MOST BE TEORIDA STREET ADDRE	Orlando ,F
and the business office of the registered agent will liability company, it is hereby confirmed that the conf	de, the Florida street address of the registered office the identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or

Signature of a member or authorized representative of a member

Sharon Myers

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent