L13000 U8110

(Re	equestor's Name)				
(Ac	ddress)				
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(Ci	ty/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Bı	usiness Entity Name)				
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COVER LETTER

	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
	Enclosed is a check for the following	amount:			
	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O.	oion of Corporations Box 6327 hassee, Florida 32314		
	STREET/COURIER ADDRESS: Registration Section	Regi	LING ADDRESS: stration Section		
	Name of Person		Area Code & Daytime Telephone Number		
DOU	GLAS PETRIE	201 at (970-7887		
For fur	ther information concerning this matter,	please call:			
E	-mail address: (to be used for future ann	ual report notifica	ation)		
DOU	G@REVNET.COM				
	City/State and Zip Code		-		
GULF	F BREEZE, FL 32563				
	Address	·· · · · · · · · · · · · · · · · · · ·	-		
1347	QUIET COVE COURT				
	Firm/Company		-		
SELL	ING MACHINE LLC		_		
	Name of Person				
DOU	GLAS PETRIE		_		
	to the second se				
	return all correspondence concerning th	_			
The en	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.		
Dear S	ir or Madam:				
SUBJI	Name of Limited Liability Company				
CUDU	SELLING MACHINE LLC				
TO:	Registration Section Division of Corporations				

INHS18 (2/14)

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.	Na	me of the limited liability company: SELLIN	IG MACHII	٧E	LLC		. <u>.</u>	
2.	(a)	1347 QUIET COVE COURT		(b)	P.O. BO	X 304		
-	(**)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:	(0)		Mailing address of limited liabil (Note: MAY BE POST OFF		-
		GULF BREEZE, FL 32563			GULF B	REEZE, FL 32563		
		12/03/2013		l	_1300016	88110		
3. 5	(a)	Date of filing/registration in Florida DOUGLAS TUBBS	4.	4.		Document number		
	()	Registered Agent and Registered Office shown on the re 1347 QUIET COVE CT	cords of the Flo	rida	Dept. of State	· *		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				•		
		GULF BREEZE	, _{FL} _3256	63				
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:		14 \$1	21/0/21/2
		2637 E ATLANTIC BLVD 12606						発展す
		NEW Registered Office Address:					2 PH 3	SOUS SECTION OF SECTIO
		POMPANO BEACH	, _{FL} _3306	62			<u>ن</u> ش	45 67 7
the age	char ent w s/we	mited liability company is not organized under nge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida lin re authorized by an affirmative vote of the mer cles of organization or the operating agreement	lress of the re nited liability mbers of the	egist / cor limi	ered office npany, it is ted liability	e and the business office of shereby confirmed that the company or as otherwise	f the re	gistered ge(s)
				OOL	JGLAS P	ETRIE		
S	ignat	ye of a member or authorized representative of a membe	<u>r</u>			Printed or typed name of signs	e	
pro the to	ovisio obli mere	ny accept the appointment as registered agent of the proper and consistence of all statutes relative to the proper and congations of my position as registered agent as play reflect a change in the registered office additions writing of this change.	ind agree to mplete perfo provided for i ress, I hereby	act i rma in Ci y coi	in this cape nce of my c hapter 605 nfirm that i	acity. I further agree to co duties, and I am familiar v , F.S. Or, if this documen the limited liability compa	omply vith and tis being the is being the indicates the in	with the d accept ng filed been

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

Signature of Registered Agent