#13000168427

(Requestor's Name)					
(Address)					
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K. SALY EXAMINER DEC 1 6 2013

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Vape & TOBacco Shop 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:						
ADMAN T VIRANI Name of Person						
VAPE & TOBACCO Shop LLC Firm/Company						
GOII Drexel LANE APE # 1218, Footmyers Address						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ADNAN 1 VIRANI at (954) 589 - 7826 Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Area Code & Daytime Telephone Number 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 \$\bigcup \$55 Filing Fee & Certified Copy						

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.	Nar	ne of the limited liability company: \sqrt{a}	Pe\$	10bacco Shop LLC
2.	(a)	Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	ompany:	Gui Drexel lane Apt 1218 Fortinger's, FL 33919
	(b)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	y: نـِ	SAME
		× 12-09-2013	-	#L 13000168427
3.	Dat	e of filing/registration in Florida	4	Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: LINITED STATES Cosposition A		e records of the Florida Dept. of State: 3		
		Registered Office Address:	ا شر - -	3302 WINDING OAK COULT A TEMPA, FL 33612.
(b) Enter n		Enter name of NEW Registered Agent and	l/or <u>NEW</u>	Registered Office address:
		NEW Registered Agent:		ADNAN T VIRANI
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE.	<u>SS)</u>	GOII Drexel Lane Apt #1218 Fort Myer's ,FL 33919
CO	nfin	imited liability company is not organized un ned that after the change or changes are made business office of the registered agent will	le, the Flo	rida street address of the registered office

confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member of authorized representative of a member

Printed or typed name of signee

NAMOR

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

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