(Requestor's Name) (Address)	2147335 100276884061
(City/State/Zip/Phone #)	09/21/1501004003 **25.00
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2015 SEP 21 A II: SECRE TARY OF STALLAHASSEE, FLOO
	II: 58 BRIDA
Office Use Only	SEP 2 2015

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COVER LETTER

TO: Registration Section Division of Corporations

The MUSTS TASH CARD, (Name of Limited Liability Company) SUBJECT:

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:

(Firm/Company)

<u>Yeek Terr</u> (Address)

F1. 34202

For further information concerning this matter, please call:

at (<u>941</u>) <u>400 - 3797</u> (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 SEP 21

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Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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

1. Name of the limited liability company: The MUSTSTASH CARD, L

- 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
 - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida

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- 4. Document number
- 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

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(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW	Registered	Agent:

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

Sherry Hughes
13227 PAlmers Creek Terr
BRADENTEN FL 34202

If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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.

(în în în (Signature of a member or authorized representative of a member) n 什 ardan

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. Therefore, 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 form Chapter [65]. 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

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