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Registration Section

Division of Corporations

TO:

SUBJECT: South Florida Draperies 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:				
Ly Frye Name of Person				
South Florida Traperies LLC Firm/Company				
5831 Bee Ridge Rd. Suite 300				
Sarasota FL 34233 City/State and Zip Code				
South floride draferres anail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jay Frye at (941) 85-0433 Name of Person Area Code & Daytine 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 & Certified Copy				
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. Name of the limited liability company:

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