

L97000001148

Keneto Currettin
Requestor's Name
7710 Partridge Woods Cove
Address
Cordova, TN 38018
City/State/Zip Phone #

300002389203--4
-01/05/98--01037--020
*****35.00 *****35.00
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 JAN 29 PM 1:17

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

01-29-98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 9, 1998

RENATO CURRETIN
7710 PARTRIDGEWOODS COVE
CORDOVA, TN 38018

SUBJECT: SEXSATION CYBER MALL, L.C.
Ref. Number: L97000001148

We have received your document for SEXSATION CYBER MALL, L.C. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You need to complete the enclosed form for the Limited Liability Company change of agent or office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 598A00001514

Florida Department of State, Sandra B. Mortham, Secretary of State
**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 organized under the laws of the State of _____, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the limited liability company is: SEXSATON CYBER MALL, L.C.

1b. The mailing address of the limited liability company is: 6363 S.W. 2nd ST
MARGATE FL 33068

1c. Date of filing/registration in Florida: OCT. 13, 1997 Document number: L97000001148

2. The name and address of the current registered agent and office:

RENATO CARRETTIN
1068 SUNSET STRIP
SUNRISE, FL 33313

3. The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)

RENATO CARRETTIN
6363 S.W. 2nd ST.
MARGATE, FL 33068

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

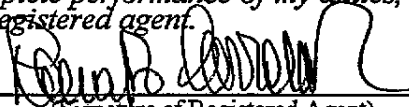
Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.


(Signature of a member or
authorized representative of a member)

1.14.98
(Date)

RENATO CARRETTIN, MANAGER
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 obligation of my position as registered agent.


(Signature of Registered Agent)

1.14.98
(Date)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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