L99000007256

(Requestor's Name)		
(Address)		
(Address)		
,		
(2) (0) (7) (7)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
•		
	_	
Special Instructions to Filing Officer:		
	ļ	
,		
	·	

Office Use Only



700137578477

11/14/08--01029--016 **205.00

SECRETAR / OF STATE

C. LEWIS
NOV 1 7 2008
EXAMINER

COVER LETTER

Division of Corporations	
	hores ONING, LC nited 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 n	natter to the following:
JOSE GAVAG - PEDYO (Name of Person)	<u>sa</u>
Form Stores Corporati	ON
(Firm/Company)	
18001 Old Cutler Road Suite 370 Palmetto Bay, Florida 331 <i>5</i> 7	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
(Name of Person) at (900 724 · 3274 X 2315 (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
Enclosed is a check for the following am	ount:
\$25 Filing Fee	☐ \$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.

in the state of 1 tortaa.	TOWNS STOVE CHILDING ILE
Name of the limited liability company:	FORM STOYES ONLINE LLE
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	— Palmetto Bay, Florida 33
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	18001 Old Cutler Road S Suite 370 Palmetto Bay, Florida 33
11-01-1999	L99000007254
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	
Registered Agent:	Corporate Creamons
Registered Office Address:	11380 prospering forms Rof#2016
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	Tose Garaa-Peprosa
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18001 Old Cutler Road Suite 370 Palmetto Bay, Florida 33157
If the limited liability company is not organized under that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change() was/were authorize liability company or as otherwise provided in the article limited liability company (Signature of a member of authorized representative of a member)	reet address of the registered office and the husiness
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, Thereby lied in writing of this change.
(Signature of Registered Agent)	A A A A A A A A A A A A A A A A A A A
Division of Corporations, P.O. B FILING FI	ox 6327, Tallahassee, FL 32314
INHS18 (05/08)	I I I