

M02000002461

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SECRETARY OF STATE
FALL AHASSEF, FLORID.



JUN 23 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2011

KIRBY S. CHRISTIAN, ESQ. CHRISTIAN, SAMSON & JONES, PLLC 310 WEST SPRUCE ST. MISSOULA, MT 59802

SUBJECT: LEWIS INVESTMENTS & HOLDINGS, LLC

Ref. Number: M02000002461



We have received your document for LEWIS INVESTMENTS & HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 711A00013373

COVER LETTER

	Registration Section Division of Corporations			
SUBJECT: LEWIS INVESTMENTS & HOLDINGS, LLC Name of Limited Liability Company				
Dear Si	ir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	s matter to the following:		
	KIRBY S. CHRISTIAN, ESQ. Name of Person			
	CHRISTIAN, SAMSON & JONES, Pi	ESE =		
<u></u>	310 W. SPRUCE ST Address	JUN 22 AM II: 3 CRETARY OF STATLAHASSEE, FLORE		
	MISSOULA, MT 59802 City/State and Zip Code	AM II: 36 OF STATE FLORIDA		
E-n	KIRBY@CSJLAW.COM nail address: (to be used for future annual report notific	eation)		
For further information concerning this matter, please call:				
	KIRBY S. CHRISTIAN at	(406) 721-7772 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 amount:				
	\$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.

. Name of the limited liability company: <u>LEWIS INVESTMENTS & HOLDINGS, LLC</u>		
2. (a) Principal office address of limited liability company	y: 7701 W. MERCER WAY	
(Note: MUST BE STREET ADDRESS)	MERCER ISLAND, WA 98040	
(b) Mailing address of limited liability company:	PO BOX 1491	
(Note: MAY BE POST OFFICE BOX)	MERCER ISLAND, WA 980040	
09/18/2002	M02000002461	
3. Date 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:	CORPDIRECT AGENTS, INC., KNA	
Registered Office Address:	NATIONAL REGISTERED AGENTS, INC C/O PO BOX 927 WEST WINDSOR, NJ 08550-0927	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	COHEN PLATOCK, P.L.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1935 COMMERCE LAND - SUITE 4	
	JUPITER ,FL33458	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
GEORGE D. LEWIS, MANAGER	SEF C	
Printed or typed name of signee	FLS E M	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my possible to the providing that I am familiar with and accept the obligations of my possible to the Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company of Registered Agent	gree to act in this capacity of further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change. Lulor of (ohen Matoct, P. L	

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