Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850)222-1092 Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE ERNIE ELS DESIGN, LLC

Certificate of Status	0
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SEP 8 0 2011

EXAMINER

COYER LETTER

Division of Corporations		
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SUBJECT: Einic Els Desi	en. LLC.	
SUBJECT: Einic Els Design, LAC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	sange and fcc(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
,	<u> </u>	
()		
Peter Resemberg Name of Person)		
Name of Person		
Terra Nova Service LLC BinniCompany		
· inte-company		
15122 March 1 51.		
1900 Market St. Address		
Philodelphia PA 19153		
City/State and Zip Code		
11 1 1		
H-mulladdress: (to be used for future annual report notification)		
For further information concerning this matter, please	- cull	
Tot further imprination concerning also matter, process	y van.	
4	15 1 12.5.7275	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassec, Florida 32301	Tallahassec, Florida 32314	
Enclosed is a check for the following amount:		
_		
S25 Filing Fee	3 \$55 Filing Fee & Certified Copy	

INNS18 (5/08)

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 Statues, 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: 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) <u>Mosoooos47//</u> 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: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: C T Corporation System **NEW** Registered Agent: 1200 South Pine Island Road **NEW** Registered Office Address: (MUST RE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Plorida, it is hereby onfirmed 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(a) 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. Signature of a member or authorized representative of a mer Printed or typed name of signed 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office adenses, I hereby confirm that the limited liability company has been notified in writing of this change.

MADCADET E. DOLLAR STATES OF THE COLUMN ACCEPTED TO THE POLYMENT OF THE POLYME Division of Corporations, P.O. Box 6327, Talkallansee FL 32314 FILING FEE: \$25.00

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