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(Address)						
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(City/State/Zip/Phone #)						
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TALL AHASSEF FLOREIRS

T. CLINE

JAN 24 2011

EXAMINER

COVER LETTER

Division of Corporations		
	Friday Management, LLC	
Name of I	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:	
	•	
Daniel Goldburg		
Name of Person		
Third Friday Management, L	LC	
Firm/Company ,		
832 Eastview Ave.		
Address		
Dalmy Danah El 22492		2011 JAN 21 SECRETARY
Delray Beach, FL 33483 City/State and Zip Code		
Chyrotate and zap code		55 N
daaldhura@vahaa aam		SE T
dgoldburg@yahoo.com E-mail address: (to be used for future annual report r	notification)	
For further information concerning this matt	ter, please call:	50
Daniel Goldburg	_ at (561)719-4387	
Name of Person	Area Code & Daytime Telephone Nur	mber
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 Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Cor	ov

COVER LETTER

SUBJECT:	Third	Friday M	lanagem	ent, LLC		
SCHOLET.	*	of Limited L				
D 0' 14 1				•		
Dear Sir or Madam:						
The enclosed Registere	ed Agent/Registered	d Office Ch	ange and fe	ee(s) are submitted	for filing	•
Please return all corres	pondence concerni	ng this matt	er to the fo	llowing:		
5						
	aniel Goldburg Name of Person	 				
Third Fric	lay Management,	LLC				
	Firm/Company					
	•					
832	2 Eastview Ave.					
	Address					
					70	26
Delra	y Beach, FL 3348	3			EB	=
	State and Zip Code				55.63	2011 JAN 21
					ارد دري	2
dgold	burg@yahoo.con sed for future annual repo	n mt notification)			ن الارت اللاب	
E-mail address: (to be u	sed for future annual repo	ort notification)			: C2	<u> </u>
For further information	concerning this m	atter, please	call:		76 2- 10 68	\circ
					No.	æ
Daniel G		at (5	61)	719-438		
Name of P	erson		Area Co	de & Daytime Telephone	Number	
STREET/COUI	RIER ADDRESS:		MAILING	G ADDRESS:		
Registration Sect			Registratio			
Division of Corp				f Corporations		
Clifton Building			P.O. Box 6			
2661 Executive (Tallahasse	e, Florida 32314		
Tallahassee, Flor	ida 32301					
Enclosed is a c	heck for the follow	ving amour	ıt:			
\$25 Filing F	ee	Γ	\$55 Filir	ng Fee & Certified	Сору	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Rursuant 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:	Third Friday Management, LLC		
2. (a) Principal office address of limited liability co	mpany: 832 Eastview Ave.		
(Note: MUST BE STREET ADDRESS)	Delray Beach, FL 33483		
(b) Mailing address of limited liability company:	832 Eastview Ave.		
(Note: MAY BE POST OFFICE BOX)	Delray Beach, FL 33483		
02/13/2007	M0700000854		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:		
Registered Agent:	CORPORATION SERVICE COMPANY		
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-2525		
(b) Enter name of <u>NEW Registered Agent</u> and/on <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Daniel Goldburg 832 Eastview Ave.		
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percement of the limited liability company or as or the operating percentage per	er the laws of the State of Florida, it is hereby, the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote s otherwise provided in the articles of organization mpany.		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Os. if this document is being filed address, I hereby confirm that the limited liability co	the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has been notified in writing of this change.		

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