M0800005290

(l	Requestor's Name)	
• (/	Address)	
(/	Address)	
(1)	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
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J. BRYAN

JAN 28 2011

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: STACKLIMI	Limited Liability Company
Name of	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	g this matter to the following:
FERGAL STACK Name of Person	
STACK LIMITED Firm/Company	FILE MII: 39 ALLAHASSEE, FLORID 41404
1375 Tuscera LN & Address	7
Chanpians Gode, FL City/State and Zip Code	33896
Fstack @Stacklimited E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	
FER GAL STACK Name of Person	at (917) 680 2518 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 followi	ng 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.

1. Name of the limited liability company: _STACI	CLIMITED LLC.
2. (a) Principal office address of limited liability compan	y: 1375 Tuscava LN, #1404
(Note: MUST BE STREET ADDRESS)	Chapins Gate FL 33896
(b) Mailing address of limited liability company:	1375 Tuscena LN, #1424
(Note: MAY BE POST OFFICE BOX)	Chempions Gate FL 33896
12 1人2308 3. Date of filing/registration in Florida	<u>M0800005290</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	KEN Horton
Registered Office Address:	245 Greeley WOP Dovemport FL 33897 200
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	MARY STACK 52 12
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Chempions Gode Go
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 iden liability 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. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
FERGAL STACK Printed or typed name of signee	<u>-</u>
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company.	agree to act in this capacity. I 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 y has been notified in writing of this change.

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

Signature of Registered Agent