M/200005444

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City)	/State/Zip/Phone	- #\		
(City	rState/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Doc	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			
		ידו או		
A. LUNT				
NOV 2 6 2012				
F	EXAMI	NER		

Office Use Only



600241488546

11/20/12--01007--022 **25.00

2012 WEY 20 PH 20 OL SCORE JARY WE STATE ALLAHASSEF, FLORIDE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Turney International, LTD, L.L.C.

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 this matter to the following:

Jesse Caedington

Name of Person

Scruggs & Carmichael, PA

Firm/Company

4041-B NW 37th Place

Address

Gainesville, FL 32606

City/State and Zip Code

(352) 416-3499

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse Caedington

...352 \ 416

Name of Person

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

INHS18 (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 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.

•		, and the second					
١,	Nai	me of the limited liability company: Turney International	, LTD, L.L.C.				
2	(2)	Principal office address of limited liability compa	as a 050 Hardy Board				
2. (a) 11		(Note: MUST BE STREET ADDRESS)	Cuyahoga Falls, OH 44223				
		(Most Most be STREET MODRESS)	objection and the second				
(b) Mailing address of limited liability compa		Mailing address of limited liability company:					
		(Note: MAY BE POST OFFICE BOX)	Cuyahoga Falls, OH 44223				
						<u>-</u>	
			M12000005444		©39		
3.	Dat	e of filing/registration in Florida	4. Document number		2		
		5 3	•			-71	
5.	(a)	Registered Agent and Registered Office shown o	n the records of the Florida	Depts of	State:	- Cartesian - Cart	
				(A) (A)	0	š	
		Registered Agent:	Robert E. Turney			T	
		Registered Office Address:	390 SE 30th Ave.	L. CV	SSC By	in in the second	
		·	Trenton, FL 32693	\$			
			***************************************	39 70	F		
	(b)	Enter name of NEW Registered Agent and/or N	EW Registered Office add	dress:			
		NEW Registered Agent:	Jesse Caedington				
		NEW Paristand Office Address:	4041-B NW 37th Place				
<u>NEW</u> Registered Office Address: (MUST RE FLORIDA STREET ADDRESS)		(MUST BE FLORIDA STREET ADDRESS)	404 1-6 INVY 37 (II Flace				
		(MODI DE LEGITOTI STREET NOOKESS)	Gainesville	FL	32606		
10					1		
II t	he I	imited liability company is not organized under the	e laws of the State of Florid	da, it is he	reby		
and	the	ned that after the change or changes are made, the business office of the registered agent will be ide	ntical Or in the case of a	e registere Florida li	za ome mited	se .	
lial	oilit	y company, it is hereby confirmed that the change imbers of the limited liability company or as other	(s) was/were authorized by	an affirm	ative v	ote of	
the	me	mbers of the limited liability company or as other crating agreement of the limited liability company.	wise provided in the article	s of organ	ization	or	
	Jp.	tracing agreement of the limited hability company,					
_	<u> </u>						
Sign	atur	of a member or authorized representative of a member					
		/	•				
		édington, authorized representative or typed name of signee					
-1 K	ere. nnlv	by accept the appointment as registered agent and with the provisions of all statules relative to the pum familiar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to keep, I hereby confirm that the limited liability compo	l agree to act in this capaci proper and complete perfor	ty. I furth	ier agr	ee to	
ana	116	im familiar with and accept the obligations of my	position as registered agen	t as provid	ded for	;in	
ada	uvic tues	r 006, r.s. Or, if this accument is being filed to a s. I hereby confirm that the limited liability compa	nerely reflect a change in t inv has been notified in wr	he register	red off. is chân	ice ee	
	1		y over nongive in in	g 0, 1111		٥٠.	
Sig	natui	of Registered Agent					
	1	Division of Comments on D. D.	(347 Tr. 11.1. Fr 34	214			
	1 /	Division of Corporations, P.O. Box	0327, Talianassee, FL 32	314			

FILING FEE: \$25.00