Division of Corporations

## Electida Department of State Division at Compa

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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 STEVENS INTERIORS, LLC

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

Pursuant to the provisions of sections 605:0114 or 605.0116, 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. N	ame of the limited liability company:	LLC		
2. (a)		(t	o)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/10/00	_		
3.	Date of filing/registration in Florida	 4.	M230000130	Document number
٥.		4.		Document humber
5. (a)				
	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Stat	te:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS		_
	7232 Quail Hollow Boulevard		_	
	Wesley Chapel,	33544		202
	r.			2024 F27 - 8
(b)	Registered Agents Inc			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	<del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> -
	7901 4th St N			P 35
	NEW Registered Office Address:			
	STE 300			.# _
	St. Petersburg	33702		
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lim limited	stered office ompany, it i nited liabilit	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	Rule of a member of authorized representative of a member			Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do not have the change of this change.	perform d for in ( herchy c	t in this cap ance of my Chapter 602 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accepts, F.S. Or, if this document is being filed the limited liability company has been
	Tre of Registered Agent David Roberts - Assistant Se	естепату		