

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000013076

Entity Name: ARTSY ABODE, INC.

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4764 RIVER CITY DRIVE  
STE 107  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

2219 CR 220  
STE 316  
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

FEI Number: 20-2068678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYTLE, ROBERT W  
2219 CR 220  
STE 316  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT W LYTLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LYTLE, LEAH E  
Address: 2219 CR 220 STE 316  
City-St-Zip: MIDDLEBURG, FL 32068

Title: DVP  
Name: LYTLE, ROBERT W  
Address: 2219 CR 220, STE 316  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT W LYTLE

VP

10/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date