

22
L00 U000609878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

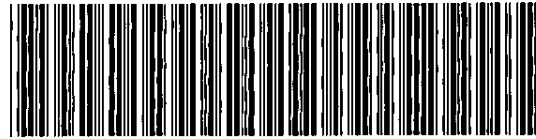
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SEP 20 2011

EXAMINER



100212029311

09/20/11--01023--006 **25.00

RECEIVED
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DIVISION OF CORPORATIONS
2011 SEP 20 PM 2:04
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TO ACKNOWLEDGE
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 20 PM 3:58

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 28 PM 3:58

CONTACT: KATIE WONSCH

DATE: 09/20/2011

REF. #: 001809.154430

CORP. NAME: BOWEN, MICLETTE & BRITT OF SOUTH FLORIDA, LLC

- | | | |
|--|---|--|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☒ OTHER: CHANGE OF AGENT | | |

STATE FEES PREPAID WITH CHECK# 541545 **FOR \$** 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| ☐ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☒ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

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: BOWEN, MICLETTE & BRITT OF SOUTH FLORIDA, LLC

2. (a) Principal office address of limited liability company: 1020 NORTH ORLANDO AVENUE
SUITE 200
MAITLAND FL 32751

(b) Mailing address of limited liability company: 1020 NORTH ORLANDO AVENUE
SUITE 200
MAITLAND FL 32751

08/16/2000
3. Date of filing/registration in Florida

L00000009878
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T CORPORATION SYSTEM
Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: National Corporate Research, Ltd., Inc.
NEW Registered Office Address: 515 East Park Avenue
(MUST BE FLORIDA STREET ADDRESS) Tallahassee FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

LAWRENCE MICHAEL KARRER
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent) Lucy Dawson, Assistant Secretary

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

INHS18 (05/08)

FILED
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DIVISION OF CORPORATIONS
SEP 20 PM 3:58