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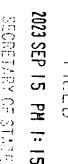
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## COVER LETTER

	istration Section ision of Corporations				
SUBJECT:	SEGAL & SCHUH LAW GROUP, P.L.				
oononer.	Name of Limited Liability Company				
Dear Sir or i	Madam:				
The enclosed	d Registered Agent/Registered Office Ch	nange and f	ee(s) are submitted for filing.		
Please return	n all correspondence concerning this mat	ter to the fo	ollowing:		
JILL SCHUF	i				
	Name of Person		_		
	Th. (0		_		
	Firm/Company				
5314 VAN D	YKE RD.				
	Address		_		
LUTZ, FL 33	558				
	City/State and Zip Code		_		
jill@itzlawfir	m.com				
E-mail	address: (to be used for future annual re	port notific	ation)		
For further in	nformation concerning this matter, please	e call:			
JILL SCHUH	at 1	813 (	461-6600		
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number		
Regi Divi P.O.	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	osed is a check for the following amou	ınt:			
<b>S</b> \$2	25 Filing Fee	ling Fee & Certified Copy			

INHS18 (2/14)

## 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. 1	Name of the limited liability company: SEGAL & SCHU	H LAW GRO	UP, P.L.		
2. (a)	)	(b) P.O. BOX 4867			
(	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		CL	EARWATER, FL 33759		
		<del>_</del> _			
		1.07	000046670		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	JIEL SCHUH				
	Registered Agent and Registered Office shown on the records of t	t. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 2625 MCCORMICK DRIVE, SUITE 104-105	FILED FILED SEP 15 PM 1: 15			
	CLEARWATER , FL	33759	YOF S		
(b)	JILL SCHUH				
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	:		
	NEW Registered Office Address:				
	5314 VAN DYKE ROAD		- <del></del>		
	LUTZ , FL	33558			
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited liabers.	registered of bility compa f the limited limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
Sign	ature of a member or authorized representative of a member	JILL SCI	IUH, ESQUIRE		
l here provis the ob to met	Pby accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided sely reflect a change in the registered office address, I have differenting of this change.	re to act in the performance for in Chapt ereby confiri	Printed or typed name of signee als capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605. F.S. Or, if this document is being filed in that the limited liability company has been		
Signal	ite of Registered Agent				