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	Requestor's Name)						
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DICK-UP	WAIT MAIL						
	Business Entity Name)						
	Document Number)						
Certified Copies	Certificates of Status						
Special Instructions	to Eiling Officer						
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Office Use Only



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COVER LETTER

TO: Registration Section

Divi	sion of Corporations		•				
ATTO DECTY.	HUSSEIN & WEBBER, PL						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.				
Please return	all correspondence concerning this	s matter to the f	following:				
TROY J. V	VEBBER						
	Name of Person						
HUSSEIN	& WEBBER, PL						
	Firm/Company		_				
501 RIVER	RSIDE AVENUE, SUITE 700						
	Address		_				
JACKSON	IVILLE, FLORIDA 32202						
	City/State and Zip Code		······································				
TWEBBEF	R@HUSSEINANDWEBBER.C	OM					
E-mail	address: (to be used for future annu	ial report notifi	cation)				
For further in	nformation concerning this matter, [please call:					
SARAH S.	HUSSEIN	904 at (⁴⁴⁴⁻³⁹⁵²				
	Name of Person	_ ur (Area Code & Daytime Telephone Number				
Regi Divis Clift 2661	SEET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle phassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Encl	osed is a check for the following:	amount:					
2 \$3	25 Filing Fee	□ \$5	5 Filing 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.

. Na	une of the limited liability company: HUSSEIN & V	WEBB	ER, PL				
!. (a)	501 RIVERSIDE AVENUE, SUITE 700	ſ	(b) 501 RIVERSIDE AVENUE, SUITE 700				
·· (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) JACKSONVILLE, FLORIDA 32202				
	JACKSONVILLE, FLORIDA 32202					ORIDA 32202	
•		_					
	05/19/2010		L1000005	54113			
١.	Date of filing/registration in Florida	_ 4.		Document num	nber		
i. (a)	Sarah S. Hussein						
. ()	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of State	- e:			
	1608 Walnut Street, Jacksonville, Florida 32	2206					
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u> </u>	-			
	1608 Walnut Street, Jacksonville, Florida 33	2206			1		
				_	<u> </u>	 91.07	
	, FI			-	<u>≯</u> }	<u> </u>	77
(b)					λς	<u> </u>	=
(17)	Enter name of NEW Registered Agent and/or NEW Registered	Office 8	ddress:	-	en i en ii. en i		LU I
	Sarah S. Hussein				rt Wer) of their AHASSEE FLORID	PM 12: 39	\bigcirc
	NEW Registered Office Address:			-	<u>ਜ</u> ਼	39	
	5482 Fort Caroline Road			_			
	Jacksonville, FL	32277	,	_			
he cha gent v vas we he arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ability of the li- limited	istered office company, it is mited liability	e and the busing shereby confing y company or a npany.	ess office med that is otherw	e of the the charise pro-	registered ingc(s)
	rure of a elember of authorized representative of a member			Printed or typed		_	
l herei provisi he obl o merc potified	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete igations of mylposition as registered agent as provide elv reflectio change in the registered office address, I drinkwitting of his change.	ree to a perfori d for in hereby	et in this cap nance of my Chapter 605 confirm that	acity. I further duties, and I an 5. F.S. Or, if th the limited liab	agree to n familia is docun oility con	o compl ir with a ient is h ipany h	v with the ind accep wing filed as been
signatu	re of Registered Agent						