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COVER LETTER*

TO:	Registration Section Division of Corporations						
TERNER ELDER LAW, P.L. SUBJECT:							
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the	e following:				
DANI	EL ALAN TERNER						
	Name of Person						
TERN	IER ELDER LAW, P.L.						
	Firm/Company		,				
12177	7 Ken Adams Way, Suite 159						
	Address						
Wellir	ngton, FL 33414						
	City/State and Zip Code						
danie	l@ternerelderlaw.com						
E	-mail address: (to be used for future ann	ual report not	ification)				
For fur	ther information concerning this matter,	please call:					
DANII	EL ALAN TERNER	561 at (227-1577				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314				
Enclosed is a check for the following amount:							
	■ \$25 Filing Fee		\$55 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.

1. N	ame of the limited liability company: TERNEF	R ELDER LAV	V, P.L.			
2. (a)	Daniel Alan Terner, Esq.	(h)	(b) Daniel Alan Terner, Esq.			
2. (u)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		Mailing	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) en Adams Way #159		
	12177 Ken Adams Way #159		12177 Ken Ad			
	Wellington, FL 33414		Wellington, FI	L 33414		
	3/28/2013	Ĺ	.13000046653	3		
3.	Date of filing/registration in Florida	4.	Docu	ment number		
5. (a)	Daniel A. Terner, Esq.					
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State TERNER ELDER LAW, P.L.					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	12230 W. Forest Hill Blvd. #164					
(b)	Wellington	, FL 33414				
	Daniel A. Terner, Esq.			25 A III A		
(0)	Enter name of NEW Registered Agent and/or NEW Reg	istered Office add	ress:	A III:	J _*	
	TERNER ELDER LAW, P.L.			: 25 PATE DRIDA		
	NEW Registered Office Address:					
	12177 Ken Adams Way #159					
	Wellington	_, FL_33414				
the ch agent was/w	limited liability company is not organized under ange or changes are made, the Florida street additionally be identical. Or, in the case of a Florida limiterer authorized by an affirmative vote of the menicles of organization or the operating agreement agreement affirmative vote.	ress of the regist lited liability con libers of the limit of the limited li	tered office and t mpany, it is herel ted liability com	he business office by confirmed that pany or as otherw	e of the registered the change(s)	

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 605, 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.

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member