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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:

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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Robertson & Associa (Name of	tes, L.L.C. f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Kenneth H. Robertson	
· (Name of Person)	
Robertson & Associates, I	LC
(Firm/Company)	
370 Camino Gardens Blvd, S	uite 108
(Address)	
Boca Raton, FL 33432	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Kenneth H. Robertson	at (_561)347 0761
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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. The name of the limit	ed liability company is: Ro	bertson & Associates, L.L.	C		
2. The mailing address of	f the limited liability compa	ny is : <u>370 Camino Gar</u>	dens Blvd.	Ste. 1	108
Boca Raton, FL 33432	2	•			
05/14/1997		L97000000523			
3. Date of filing/registrat	tion in Florida	4. Document num	nber		
5. The name of the regist Florida Department of	_		on the recor	ds of t	he
•	CT Corporation Syst				
	Nar 1200 South Pine Islan	=	 Zs	20	
,i	Addr			2008 HAY ~	
	Plantation, FL 33324	C 33	£ã	Ä	
N	City, State	and Zip	TARY	ω΄	
6. The name and address	of the new registered agent a	and/or office:		P	M
•	Kenneth H. Robertsor	ì ·	ĘS.	5	
	Name		· 57	80	
**	370 Camino Gardens E	3lvd., Ste. 108	•		
·	Florida street address (P.C). Box NOT acceptable)			
	Boca Raton FL	33432	<u>-</u>		
	City, State a	and Zip			
confirmed that after the c and the business office of liability company it is be	npany is not organized under hange or changes are made, fithe registered agent will be breby confirmed that the charmited liability company or as not of the limited liability compared the liab	the Florida street address of identical. Or, in the case of the ca	of the regist of a Florida d by an office	tered of limite	ffice d
Kenneth H. Robertsor	n, Manager				
(Printed or typed name of signee					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby configure	intment as registered agent on the statutes relative to the discrept the obligations of nations document is being filed to that the limited liability con	and agree to act in this cap ne proper and complete pe ny position as registered a o merely reflect a change npany has been notified in	pacity. I fu irformance igent as pro in the regis writing of	rther a of my o vided j stered o this ch	gree to duties, for in office ange.

(Signature of Registered Agent)