

LOG 000030198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

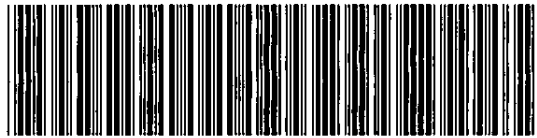
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100162621711

11/23/09-01041--003 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC -1 AM 10:11

FILED

T. CLINE

DEC -2 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2009

JASON LAZARUS
SETTLEMENT LAW FIRM, PLLC
1500 EAST ROBINSON STREET
ORLANDO, FL 32801

SUBJECT: SETTLEMENT LAW FIRM, PLLC
Ref. Number: L09000030198

We have received your document for SETTLEMENT LAW FIRM, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 109A00036385

2009 DEC - 1 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Settlement Law Firm
Name of 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 this matter to the following:

Jason Lazarus

Name of Person

Settlement Law Firm

Firm/Company

1500 East Robinson Street

Address

Orlando, FL 32801

City/State and Zip Code

jlazarus@jsettlements.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Lazarus

Name of Person

at (407)

687-4165

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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
2009 DEC -1 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Settlement Law Firm

2. (a) Principal office address of limited liability company: 1500 East Robinson Street



(Note: **MUST BE STREET ADDRESS**)

Orlando, FL 32801

(b) Mailing address of limited liability company: 1500 East Robinson Street



(Note: **MAY BE POST OFFICE BOX**)

Orlando, FL 32801

03/27/2009

L09000030198

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Jason Lazarus

Registered Office Address:

4767 New Broad Street
Orlando, FL 32814

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

NEW Registered Agent:

Jason Lazarus

NEW Registered Office Address:

1500 East Robinson Street

(MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32801

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 of a member or authorized representative of a member

Jason Lazarus

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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00