

Oct. 25, 2013 5:10 PM

No. 5667 Pa. 1 of 1

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : JERRY COLEMAN, P.L.  
Account Number : I20000000204  
Phone : (305)292-3095  
Fax Number : (305)296-6200

FILED  
2013 OCT 28 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
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TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
JERRY COLEMAN, P.L.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JERRY COLEMAN, P.L.  
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:

Jerry Coleman, Esq.

Name of Person

Jerry Coleman, P.L.

Firm/Company

801 S.Federal Hwy, PH-10

Address

Pompano Beach, FL 33062-6749

City/State and Zip Code

jerry@jerrycolemanpl.net

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

For further information concerning this matter, please call:

Jerry Coleman at ( 305 ) 292-3095

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 following 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. Name of the limited liability company: Jerry Coleman, P.L.

2. (a) Principal office address of limited liability company: 801 S. Federal Hwy, PH 10  
(Note: MUST BE STREET ADDRESS) Pompano Beach, FL 33062-6749

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

PO Box 11123  
Fort Lauderdale, FL 33339

01/27/2000

L00000001023

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:

Jerry Coleman

Registered Office Address:

1430 Flagler Avenue  
Key West, FL 33040

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

NEW Registered Agent:

Jerry Coleman

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

801 S. Federal Hwy

PH 10

Pompano Beach, FL 33062-6749

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

Jerry Coleman

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

FILED

2013 OCT 28 AM 8:15