## 101060012817

J. Marc Perez (Requestor's Name)						
(Requestor's Name)  2025. Mossely AUR.  (Address)						
(Address)						
Taupa, Fl. 33609						
(City/State/Zip/Phone #)						
(Olty/Glate/Zip/Filone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Cashisas Entity Harris)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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ON SEP 24 MILLIANSSEE. PLOPERATE OF STATES OF

## 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.

ugeni, or boin, in the blace	-				
1. The name of the limite	d liability company is:	Sandler,	Kubiak & Perez, I	P.L.	<del>·</del>
2. The mailing address of	the limited liability co	mpany is: _	202 S. Moody Av	re	
			Tampa, Florida		
8/1/2001			L01000012817	10000	
3. Date of filing/registrati	on in Florida		4. Document num	ıber	
5. The name of the registe Florida Department of S		tered office	address as shown o	on the records of	the
	Craig E. Behrenfeld	i		- ,	
	601 Bayshore Blvd,	Name , Suite 700			
	Tampa, Florida 330	Address 606	·		
		State and Z	ip		
6. The name and address of	of the new registered ag	gent and/or o	office:		
	J. Marc Perez				
	202 S. Moody Aven	Name nue			
	Florida street address	s (P.O. Box	NOT acceptable)		
	Tampa,	<sub>FL</sub> 3360	9	===	<b>e</b>
	City, S	tate and Zip	)	ÉĞ	O4 SEP
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes are m the registered agent wi reby confirmed that the d liability company or a	lade, the Flo ill be identic change(s) vas otherwise	rida street address	of the registered	office
(Signature of a member or authori	ized representative of a membe	er)		<del>_</del>	
(Printed or typed name of signee)	Perez			<del>=</del>	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 508, F.S. Or, if the address, Thereby confirm	intment as registered as s of all statutes relative d accept the obligation his document is being t that the limited liabilit	gent and agg e to the prot is of my posi filed to mere ty company	ree to act in this ca per and complete po tion as registered o ely reflect a change has been notified in	pacity. I further erformance of my agent as provided in the registered writing of this c	agree to v duties, I for in I office change.

**FILING FEE: \$25.00** 

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

INHS18(10/99)