

L02000026695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

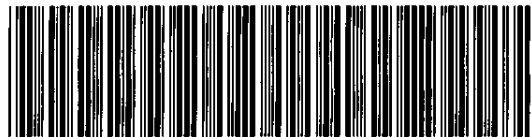
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400113239264

12/28/07--01018--001 **25.00

FILED
08 JAN 18 PM 3:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. GUNTER JAN 18 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Recordkeeping Services, L.L.C.
(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:

Dede MacTaggart

(Name of Person)

National Recordkeeping Services, L.L.C.

(Firm/Company)

701 94th Avenue N., Suite 200

(Address)

St. Petersburg, FL 33702

(City/State and Zip Code)

For further information concerning this matter, please call:

Dede MacTaggart

(Name of Person)

at (727) 577-7000

(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



Matthews
Benefit Group, Inc.

2900 FOURTH STREET N. ■ SUITE A202 ■ ST. PETERSBURG, FL 33704 ■ TEL 727-896-8185 ■ FAX 727-821-1713

FACSIMILE TRANSMITTAL SHEET

TO:

Marsha

COMPANY:

Division of Corporations

FAX NUMBER:

850-245-6030

PHONE NUMBER:

FROM:

Dede MacTaggart

DATE:

12/18/2007

TOTAL NO. OF PAGES (INCLUDING COVER):

Five

RE:

Change of Address

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

Notes/Comments:

I am faxing a copy of my check mailed on December 6, 2007 along with the backup paperwork in case I did not include it with the check..

Please contact me if you need further explanation at 727-577-7000 X305.

Regards,

Dede MacTaggart

12/26/07

UPDATE: CHECK WAS MAILED TO WRONG SUPPLIER.
YOU MAY HAVE REC'D A CHECK TO LYNCHVAL IN ERROR.
PLEASE RETURN.
THANK YOU,
DEDE MACTAGGART.

CONFIDENTIAL AND PRIVILEGED

THIS FAX IS ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS DIRECTED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL OR EXEMPT FROM DISCLOSURE. IF THE READER OF THIS FAX IS NOT THE INTENDED RECIPIENT, OR AN EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE PROPER RECIPIENT, YOU ARE ON NOTICE THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS FAX IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND SEND THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU. IF YOU HAVE ANY QUESTIONS OR PROBLEMS REGARDING THIS FAX, PLEASE CALL 727-896-8185.

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 limited liability company is: National Recordkeeping Services L.L.C.
2. The mailing address of the limited liability company is: 701 94th Avenue N., Suite 200
St. Petersburg, FL 33702

- 10/9/2002 L02000026695
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Gregory E. Matthews
Name
2900 4th Street North, Suite A202
Address
St. Petersburg, FL 33704
City, State and Zip

6. The name and address of the new registered agent and/or office:

Gregory E. Matthews
Name
701 94th Avenue N., Suite 200
Florida street address (P.O. Box NOT acceptable)
St. Petersburg FL 33702
City, State and Zip

FILED
08 JAN 18 PM 3:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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]
(Signature of a member or authorized representative of a member)

GREGORY E. MATTHEWS
(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