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(City/Sta	te/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
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(Business Entity Name)				
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(Document Number)				
Certified Copies	Certificates of	Status		

Special Instructions to Filing Officer:

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EXAMINER

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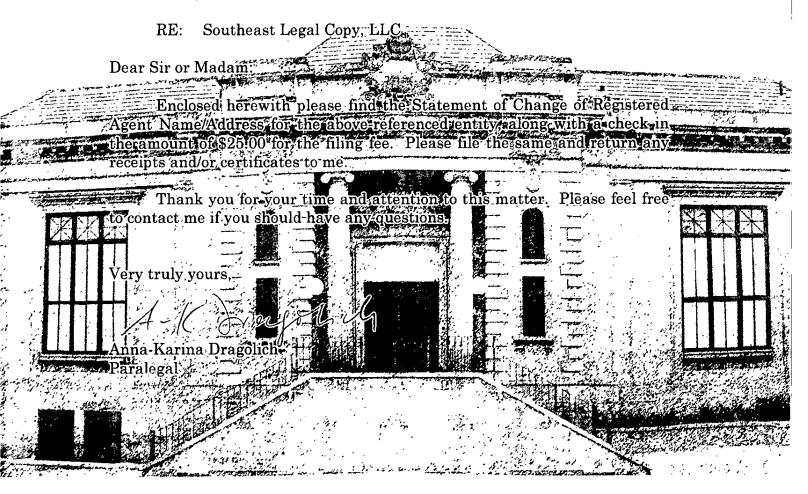
BRENNAN, MANNA & DIAMOND

ATTORNEYS & COUNSELORS AT LAW

Anna-Karina Dragolich Phone: 330-253-5060 Fax: 330-253-1977 Email: akdragolich@bmdllc.com

November 21, 2008

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Southeast Legal Copy, (Name	LLC e 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	g this matter to the following:	
Anna K. Dragolich (Name of Person)		
Brenann, Manna and Diamond, LLC (Firm/Company)		
75 E. Market St. (Address)		
Akron, OH 44308		
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Anna K. Dragolich	at (330) 253-5060 x151	
(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 followi	ng 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. Nai	me of the limited liability company: Southeast L	egal Copy, LLC	····
2, (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 6 EAST BAY ST STE 300 JACKSONVILLE FL 32202	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	800 West Monroe Street JACKSONVILLE FL 32202	
11/20/2	2002	L02000031191	
	e of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on	•	State:
	Registered Agent:	BMD FLORIDA SERVICE, LLC.	·
	Registered Office Address:	76 SOUTH LAURA ST., STE 2110 Jacksonville, FL 32206	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		
	NEW Registered Agent:	BMD FLORIDA SERVICE, LLC.	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	800 West Monroe Street Jacksonville ,FL;	32202
that aft office of tereby lability limited	imited liability company is not organized under the er the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and ase of a Florida limited liability con	d the business pany, it is
_ee S. \	Walko or typed name of signee)	_	
	by accept the appointment as registered agent and a with the provisions of all statutes relative to the pri liliar with and accept the obligations of my position r, if this document is being filed to merely reflect a continuity that the limited liability company has been notified	gree to act in this capacity. I furthe oper and complete performance of n as registered agent as provided for change in the registered office addre I in writing of this change.	er agree to ny duties, and l in Chapter 608 ess, I hereby
,	LS Walk	3	08
(Signatu	de of Registered Agelul)	2	
	Division of Corporations, P.O. Box FILING FEE		~ ≥ <u> </u>

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