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Office Use Only



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D. BRUCE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Patrick H. Willis PL Name of Limited Liabi | lity 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: |
| Patrick H. Willis | |
| Name of Person | |
| Patrick H. Willis PL | |
| Firm/Company | ₩ |
| 150 North Orange Avenue | EN JUL 17 |
| Address | ASSI ASSI |
| Suite 418 | AM IO: 42 |
| City/State and Zip Code | |
| pwillis@pwillislaw.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please cal | l: |
| Patrick H. Willis at 407 | 903-9939 |
| Name of Person | Area Code & Daytime Telephone Number |
| Registration Section Re Division of Corporations Div Clifton Building P.G | ailing address: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314 |
| Enclosed is a check for the following amount: | |

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

| age.ii, or com, in the state of 1 to than | | |
|---|---|---|
| 1. Name of the limited liability company: Patrick H. Willis Pi | <u> </u> | |
| 2 (a) Principal office address of limited liability comm | Agente 150 North Orange Avenue | |
| (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | Suite 418 | |
| (Mor. Most be street Abbress) | Orlando, Florida 32801 | |
| (b) Mailing address of limited lightility commons | 150 North Orange Avenue | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 150 North Orange Avenue Suite 418 | |
| | Orlando, Florida 32801 | |
| | | |
| 02/05/2003 | L03000006875 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Flori | da Dept. of State: |
| Registered Agent: | Patrick H. Willis | Bro De |
| m 1 100m 111 | | (C.) |
| Registered Office Address: | 121 North Orange Avenue | |
| | Suite1500 Orlando, Florida 32801 | 92 - Par |
| | Ollarido, Fiorida 32001 | M-2 - 1 |
| | | |
| (b) Enter name of NEW Registered Agent and/or I | NEW Registered Office a | |
| NITSSUP | D-4-2-6-14 1460°- | DRIAN DE CO |
| NEW Registered Agent: | Patrick H. Willis | \$ \ |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 150 North Orange Avenue | |
| | Suite 418 | |
| | Orlando, | ,FL 32801 |
| f the limited liability company is not organized under to onfirmed that after the change or changes are made, the nd the business office of the registered agent will be in ability company, it is hereby confirmed that the change members of the limited hability company or as other operating agreement of the limited liability company. | te Florida street address of lentical. Or, in the case of e(s) was/were authorized b rwise provided in the artic | the registered office a Florida limited by an affirmative vote of |
| Agnature of a member or authorized representative of a member | | |
| | | |
| Patrick H. Willis | | |
| Printed or typed name of signee | | |
| I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com | nd agree to act in this cape e proper and complete per v position as registered ag merely reflect a change in pany has been notified in v | acity. I further agree to formance of my duties, ent as provided for in n the registered office vriting of this change. |
| 1-1-1-1-1 | | |
| Signature of Registered Agent | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00