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G. MCLEOD

MAY 18 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: R. D. Lippert & Associates, LLC
(Name of Corporation)

DOCUMENT NUMBER: L 03000008702

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Lippert
(Name of Contact Person)

R. D. Lippert & Associates, LLC
(Firm/Company)

P. O. Box 540149
(Address)

Orlando, FL 32854-0149
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Lippert at (407) 598-1500
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: R.D. Lippert & Associates UC
2. The mailing address of the limited liability company is: P.O. Box 540149
Orlando, FL 32854-0149

3/10/2003
3. Date of filing/registration in Florida

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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:

CT Corporation System
Name
1200 S. Pine Island Rd
Address
Plantation, FL 33324
City, State and Zip

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

Richard D. Lippert, Jr.
Name
2152 S. Orange Blossom Trail, Suite 100
Florida street address (P.O. Box NOT acceptable)
Apopka FL 32703
City, State and Zip

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.

Karen Lippert
(Signature of a member or authorized representative of a member)

Karen Lippert
(Printed or typed name of signer)

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]
(Signature of Registered Agent)

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