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(Requestor's Name)		
(Address)		
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·		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
· (Casmoss Entry Name)		
(Document Number)		
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T. HAMPTON

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EXAMINER

COVER LĚTTER

Park Offices, LLC
l Liability Company
Change and fee(s) are submitted for filing.
atter to the following:
,uc

on)
on)
ase call:
941) 366-4006
941) 366-4006 Area Code & Daytime Telephone Number
•
MAILING ADDRESS:
Registration Section
Division of Corporations P.O. Box 6327
Tallahassee, Florida 32314
Tananassee, Florida 52514
ount:
\$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. Name of the limited liability company:	Foundation Park Offices, LLC
2. (a) Principal office address of limited liability cor	mpany:
(Note: MUST BE STREET ADDRESS)	4910 Lakewood Ranch Blvd Ste#120 Sarasota, Fl 34240
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	4910 Lakewood Ranch Blvd Ste#120 Sarasota, Fl 34240
10-04-2004	L04000071720
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:
Registered Agent:	Lisa Lawson
Registered Office Address:	107 S Osprey Ave #100 Sarasota, Fl 34236
Jan Harris	
(b) Enter name of NEW Registered Agent and/o	r NEW Registered Office address:
NEW Registered Agent:	Lisa Lawson
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Foundation Park Offices, LLC 4910 Lakewood Ranch Blvd Ste#120 Sarasota, ,FL34240
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability considerable. Signature of a member of authorized representative of a member Lisa Lawson Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of all statutes, I hereby confirm that the limited liability confirmation that the limited liability confirmation is being filed address, I hereby confirm that the limited liability confirmation.	the Florida street address of the registered office identical. Or, in the case of a Florida limited registered office identical. Or, in the case of a Florida limited registered office identical. Or, in the case of a Florida limited registered office identical. Or, in the case of a Florida limited registered office identical identical registered office identical registered of a Florida limited registered office identical registered r
Signature of Registered Agent	npany nas been notified in writing of this chänge.

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