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(1	Requestors	Name)	
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> SCORETARY OF STATE ALLAHASSEE, FLORIGE

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COVER LETTER

Division of Corporations			
SUBJECT: Rhonda R	R. Werner Schultz, PL		
Name of Lim	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this	s matter to the following:		
Rhonda R. Werner Schultz Name of Person			
Rhonda R. Werner Schultz, PL		20 1741	
210 Grand Avenue, Suite A	<u> </u>	012 JAN -5 BESHETARY NLLAHASSE	
		mg ag	m
May 2011 14402		STA S	
Wausau, WI 54403 City/State and Zip Code		1 00%	
rrws@wernerschultzlaw.com			
E-mail address: (to be used for future annual report notific	cation)		
For further information concerning this matter, p	please call:		
Rhonda Werner Schultz at	(772) 286-	-8303	
Name of Person	Area Code & Daytime Tele	ephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	4	
Tallahassee, Florida 32301	Tallahassee, Florida 3231	4	
Enclosed is a check for the following an	 mount:		
\$25 Filing Fee	\$55 Filing Fee & Certi	ified 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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered	
1. Name of the limited liability company:Rh	onda R. Werner Schultz, PL	
2. (a) Principal office address of limited liability company	: 210 Grand Avenue, Suite A	
(Note: MUST BE STREET ADDRESS)	Wausau, WI 54403	
(b) Mailing address of limited liability company:	210 Grand Avenue, Suite A	
(Note: MAY BE POST OFFICE BOX)	Wausau, WI 54403	
04/05/2005	L05000033000	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Rhonda R. Werner Schultz	
Registered Office Address:	789 S Federal Hwy, Ste 300 S Stuart, FL 34994	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Rhonda R. Werner Schultz 7000 SE Federal Highway	
(MUST BE FLORIDA STREET ADDRESS)	<u>Suite 200</u> <u>Stuart</u> ,FL34997	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office cical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization /.	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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