

**L05000034746**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

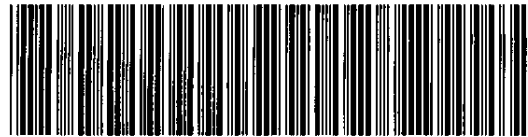
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**

**28th SEP 26 AM 8:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**C. LEWIS**

**SEP 28 2011**

**EXAMINER**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTHERN SCHEDULING, LLC  
Name 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 this matter to the following:

JUDY C PERKOWSKI  
Name of Person

SOUTHERN SCHEDULING, LLC  
Firm/Company

2494 LEAVING PINE ST.  
Address

OCOE FL 34761  
City/State and Zip Code

SOUTHERNSCHEDULE@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY C PERKOWSKI  
Name of Person

at ( 407 ) 668-6000  
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 following 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. Name of the limited liability company: SOUTHERN SCHEDULING LLC

2. (a) Principal office address of limited liability company: 2494 LEANING PINE ST.

(Note: **MUST BE STREET ADDRESS**)

OCLOEE, FL 34761

(b) Mailing address of limited liability company: SAME AS ABOVE

(Note: **MAY BE POST OFFICE BOX**)

4-8-05

3. Date of filing/registration in Florida

L050000 34746

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

GEORGE R. PERKOWSKI

Registered Office Address:

2494 LEANING PINE ST.  
OCLOEE, FL 34761

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

JUDY C. PERKOWSKI

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

2494 LEANING PINE ST.  
OCLOEE, FL 34761  
FL

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.

George R. Perkowski  
Signature of a member or authorized representative of a member

GEORGE R. PERKOWSKI  
Printed or typed name of signee

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.

Judy C. Perkowski  
Signature of Registered Agent

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