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LEGALEEZ L L C
Sally Headrick
1008 Ruby Street
Lakeland, Florida 33815
(863) 398-5788

Division Of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Change of Registered Agent Legaleez LLC

WI 16 PM 1: 18

Dear Sir or Madam:

Enclosed please find STATEMENT OF CHANGE OF REGISTERED AGENT in the above matter with enclosed check in the amount of \$25.00.

If you have any questions, please contact me at your earliest convenience.

Sincerely,

Sally Headrick

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.

agent, or voin, in the state of Pioriaa.
1. The name of the limited liability company is: Legaleez LLC
2. The mailing address of the limited liability company is: 1008 Ruby 5 Yest
Laxeland, Florida
51912005 105000057445
3. Date of filing/registration in Florida 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: Toson Morrison
Name 5115 N. Sociam loop Rd 225 Address Lakeland, Florida 33805 City, State and Zip 6. The name and address of the new registered agent and/or office: Toseph M. W. Illams Name Name Name
6. The name and address of the new registered agent and/or office:
JOSEPH M. Williams
Florida street address (P.O. Box NOT acceptable)
Plant City FL 33563 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.
(Signature of a member or authorized representative of a member)
SAIN HEADRICK (Printed or typed name of signee)

gnature of Registered Agent)

M. wae

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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.

FILING FEE: \$25.00