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(Requestor's Name)

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(City/State/Zip/Phone #)

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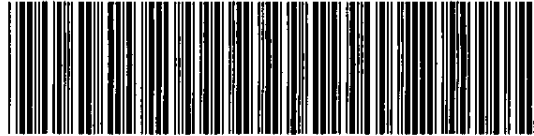
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

NOV 25 2008

EXAMINER

BRENNAN, MANNA & DIAMOND

ATTORNEYS & COUNSELORS AT LAW

Anna-Karina Dragolich
Phone: 330-253-5060
Fax: 330-253-1977
Email: akdragolich@bmdllc.com

November 21, 2008

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: DocuSolutions, LLC

Dear Sir or Madam:

Enclosed herewith please find the Statement of Change of Registered Agent Name/Address for the above referenced entity along with a check in the amount of \$25.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me if you should have any questions.

Very truly yours,


Anna-Karina Dragolich
Paralegal

NOV 21 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DocuSolutions, 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:

Anna K. Dragolich
(Name of Person)

Brenann, Manna and Diamond, LLC
(Firm/Company)

75 E. Market St.
(Address)

Akron, OH 44308
(City/State and Zip Code)

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2008 NOV 24 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Anna K. Dragolich at (330) 253-5060 x151
(Name of Person) (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: DocuSolutions, LLC

2. (a) Principal office address of limited liability company: 800 West Monroe Street
(Note: MUST BE STREET ADDRESS) Jacksonville, FL 32202

(b) Mailing address of limited liability company: 800 West Monroe Street
(Note: MAY BE POST OFFICE BOX) Jacksonville, FL 32202

10/24/2005

3. Date of filing/registration in Florida

L05000104400

4. Document number

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

Registered Agent:

BMD FLORIDA SERVICE, LLC

Registered Office Address:

76 SOUTH LAURA ST., STE 2110
Jacksonville, FL 32202

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

NEW Registered Agent:

BMD FLORIDA SERVICE, LLC

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

800 West Monroe Street
Jacksonville, FL 32202

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.

Lee S. Walko
(Signature of a member or authorized representative of a member)

Lee S. Walko

(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.

Lee S. Walko
(Signature of Registered Agent)

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

FILING FEE: \$25.00