L06000028042

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| , |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| • |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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TIMPRIS PH 2: 43
SECRETARY OF STATE

J. BRYAN

APR 1 8 2011

EXAMINER

COVER LETTER

| то: | Registration Section Division of Corporations | | | |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|--|
| SUBJ | | DOCTA LLC ited Liability Company | | |
| Dear S | Sir or Madam: | | | |
| The e | nclosed Registered Agent/Registered Offi | ce Change and fee(s) are submitted for filing. | | |
| Please | e return all correspondence concerning thi | s matter to the following: | | |
| | | | | |
| | Carlos H. Nousari | | | |
| | Name of Person | | | |
| | DOCTA LLC | 11 APF | | |
| | Firm/Company | AA A | | |
| | 2505 Eagle Run Drive Address | APR 15 PH 2: 43 LAHASSEE, FLORIDA | | |
| | Weston, FL 33327 | ~ | | |
| | City/State and Zip Code | | | |
| | carlosnousarimd@yahoo.com mail address: (to be used for future annual report notifies rther information concerning this matter, | , | | |
| 10114 | inici information concerning this matter, | prease earr. | | |
| | Carlos H. Nousari 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.

| Name of the limited liability company: | DOCTA, LLC | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|--|--|
| 2. (a) Principal office address of limited liability company | 2505 Eagle Run Drive | | | |
| (Note: MUST BE STREET ADDRESS) | Weston, FL 33327 | | | |
| (b) Mailing address of limited liability company: | 2505 Eagle Run Drive | | | |
| (Note: MAY BE POST OFFICE BOX) | Weston, FL 33327 | | | |
| 03/06/2006 | L06000028042 | | | |
| 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: | Paula Nousari | | | |
| Registered Office Address: | 2505 Poinciana Drive Weston, FL 33327 | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Carlos H. Nousari 2505 Eagle Run Drive | | | |
| MOST DE LECKIDA STREET ADDRESS | Weston ,FL33327 | | | |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability 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. Signature of a member or authorized representative of a member Carlos H. Nousari Printed or typed name of signee I hereby accept the appointment as registered agent and agroundly with the provisions of all statutes relative to the product I may be a comply with the provisions of all statutes relative to the product I may be a comply with and accept the obligations of my post Chapter 608, I. S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Signature of Registered Agent | was/were authorized by an affirmative vote wise provided in the articles of organization | | | |

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

INHS18 (05/08)