L06000034375

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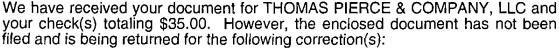


July 17, 2013

JOHN C. THOMAS II THOMAS PIERCE & COMPANY, LLC 2615 NE 17TH TERRACE GAINESVILLE, FL 32609

SUBJECT: THOMAS PIERCE & COMPANY, LLC

Ref. Number: L06000034375



You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 613A00017383

Joey Bryan Regulatory Specialist II LLC and not been

COVER LETTER

TO:

1

Registration Section
Division of Corporations

SUBJECT.

THOMAS PIERCE & COMPANY 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:

JON C. THOMAS II

Name of Person

THOMAS PIERCE & COMPANY LLC

Firm/Company

2615 NE 17TH TERRACE

Address

GAINESVILLE, FL 32609

City/State and Zip Code

JT@FORESTMEADOWSFH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSA LEA OLSON

_{at (}352)

372-1447

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. 1	Vai	me of the limited liability company: THOMAS PIERCE & CO	MPANY LLC	
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	2615 NE 17TH TERRACE GAINESVILLE, FL 32609	
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2615 NE 17TH TERRACE GAINESVILLE FL 32609	<u> </u>
03/29)/200	06	L06000034375	7
3. I	Dat	e of filing/registration in Florida	Document number	
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of Stat	ب:e
		Registered Agent:	JON C. THOMAS	- E
		Registered Office Address:	2615 NE 17TH TERRACE GAINESVILLE FL 32609	
		NEW Registered Agent:	PATSY A THOMAS	
		NEW Registered Office Address:	2615 NE 17TH TERRACE	
		(MUST BE FLORIDA STREET ADDRESS)	GAINESVILLE ,FL 3260	19
and liab the the	firr the ilit me ope	imited liability company is not organized under the land that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the registered o	ffice
Print	ted (THOMAS or typed name of signee by accept the appointment as registered agent and age with the provisions of all statutes relative to the pro- im familiar with and accept the obligations of my pose or 608, F.S. Or, if this document is being filed to mer s, I hereby confirm that the limited liability company	ree to act in this capacity. I further a per and complete performance of my ition as registered agent as provided ely reflect a change in the registered has been notified in writing of this ch	igree to duties, for in office
Juna) [s, Thereby confirm that the timited habitity company	has oven horisted in mining of this en	inigo.

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

Signature of Registered Agent