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#### **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

SUBJECT:

KIMBERLY A. O'STEEN, P.L.L.C.

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:

## Kimbelry O'Steen

Name of Person

#### KIMBERLY A. O'STEEN, P.L.L.C.

Firm/Company

4600 TOUCHTON ROAD BUILDING 100, SUITE 150

Address

### JACKSONVILLE, FL 32246

City/State and Zip Code

## kosteen@kimosteenlaw.com

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

For further information concerning this matter, please call:

## Kimbelry O'Steen

...904

543-9908

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

21/2 NOV 13 AM 59 22

## 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: KIMBERLY A. 0'S	STEEN, P.L.L.C.		
2. (a) Principal office address of limited liability comp	nany: 4600 TOUCHTON ROAD BUILDING	100	
(Note: MUST BE STREET ADDRESS)	SUITE 150		
(Note: MOST DE STREET MODRESS)	JACKSONVILLE, FL 32246	The state of the s	
(b) Mailing address of limited liability company:	4600 TOUCHTON ROAD BUILDING	100	
(Note: MAY BE POST OFFICE BOX)	SUITE 150	To be a	
(1.000 1.112 2.110 2.1110 2.11)	JACKSONVILLE, FL 32246	70 × 274	
		<u>σ</u>	
05/24/2006	L06000055086	60 E.	
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:	Kimbelry O'Steen		
Registered Office Address:	10752 DEERWOOD PARK BLVD SOUTH		
Č	SUITE 100		
	JACKSONVILLE, FL 32256		
NEW Registered Agent:	Kimbelry O'Steen		
<b>NEW</b> Registered Office Address:	4600 TOUCHTON ROAD BUILDING 100 SUITE 150		
(MUST BE FLORIDA STREET ADDRESS)			
	JACKSONVILLE	,FL_32246	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized more entantial of a member.  Kimbelry O'Steen  Printed or typed name of signce.  I hereby accept the appointment as registered agent and acceptance of the change of th	ne Florida street address of the dentical. Or, in the case of a lage(s) was/were authorized by serwise provided in the articles by.	e registered office Florida limited an affirmative vote of s of organization or	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	e proper and complete perfor y position as registered agen o merely reflect a change in th pany has been notified in wri	mance of my duties, as provided for in ne registered office ting of this change.	

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