## L06000061503

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CLIENTS F	IRST LLC	
DOCUMENT NUMBER: L06000061503		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
DARREN DENNEY		
(Name of	Contact Person)	
CLEINTS FIRST LLC (Firm/ Company)		07 FEB 26 PH 3: 56
(rum	(Company)	26
3283 81st CT E		PH
(A	Address)	<u>ب</u>
	*****	96
BRADENTON FL 34211		
(City/ Stat	e and Zip Code)	
For further information concerning this matter, p	lease call:	
DARREN DENNEY	at ( 941 ) 544-79	60
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:		
☑ \$35 Filing Fee	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle

## 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. The name of the limited liability co	mpany is: CLIENTS FIRST LLC	
2. The mailing address of the limited	liability company is: 3283 81ST CT E BR/	ADENTON FLORIDA 34211
6/14/2006	L06000061503	
3. Date of filing/registration in Florida		er
5. The name of the registered agent an Florida Department of State:	d the registered office address as shown on	the records of the
FUCHS,	RONALD M	v
1904 68T	Name H DRIVE E	
	Address	0 2
ELLENIC	DN FL 34222 City, State and Zip	7 FI
6. The name and address of the new re	•	OT FEB 26
TRECIA I	DENNEY	7 200
3283 81S	Name T CT E	PH 3: 56
Florida stre	eet address (P.O. Box NOT acceptable)	36 Es
BRADEN	TON, FL 34211	<u>.                                    </u>
	City, State and Zip	
If the limited liability company is not confirmed that after the change or chan and the business office of the registere liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limit	organized under the laws of the State of Flonges are made, the Florida street address of dagent will be identical. Or, in the case of ed that the change(s) was/were authorized to company or as otherwise provided in the area of liability company.	rida, it is hereby the registered office a Florida limited by an affirmative vote rticles of organization
TRECIA DENNEY	0	
(Printed or typed name of signee)		
	gistered agent and agree to act in this capa les relative to the proper and complete perf obligations of my position as registered age t is being filed to merely reflect a change in ted liability company has been notified in w	city. I further agree to ormance of my duties, int as provided for in the registered office riting of this change.
(Signature of Registered Agent)	A. Alay	
Division of Corpor	ations, P.O. Box 6327, Tallahassee, FL 3	2314

**FILING FEE: \$25.00** 

INHS18 (8/05)