Division of Comporations Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

KAREN STEDRONSKY, PL

Certificate of Status	0
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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 Statues, 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:	Karen Stedronsky, PL		
2. (a) Principal office address of limited liability comp	pany: 351 Sylvan Drive	351 Sylvan Drive	
(Note: MUST BE STREET ADDRESS)	Winter Park, F), 32789		
(b) Mailing address of limited liability company:	% A.G.C. CO. 200 S. Orange Ave	% A.G.C. CO. 200 S. Orange Avenue,	
(Note: MAY BE POST OFFICE BOX)	Ste. 2300 Oralndo, Fl. 32801		
8/2/2006	1.06000076397		
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 Sta	ite:	
Registered Agent:	A.G.C. CO		
Registered Office Address:	200 S. Orange Ave, Ste. 2300 Orlando, Fl. 32802		
(b) Enter name of NEW Registered Agent and/or N		23	
<u>NEW</u> Registered Agent:	CT Corporation System	- FT	
NEW Registered Office Address:	1200 South Pine Island Road	-@	
(MÚST BE FLORIDA STREET ADDRESS)	ア Plantation。 アレ533	1782	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company or the operating agreement of the limited liability company.	e Florida street address of the registered a lentical. Or, in the case of a Florida limit e(s) was/were authorized by an affirmation therwise provided in the articles of organismy.	office led ve vote	
Karen Stedronsky, Managing Member Printed or typed name of signee	nay-frequilité		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp		agree to duties. for in office hange	
Signature of Registered Agent Speci	Barbara A. Burke pial Assistant Secretary		

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

INHS18 (05/08)

By: