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10 JUN - I AH MARA

T. HAMPTON

JUN - 2 2010

EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

5/26/2010 FLORIDA

REP UNIT:

KAREN HAVICE, PL

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #19346 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



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: KAREN I	HAVICE, PL			
2. (a) Principal office address of limited liability comp				
(Note: MUST BE STREET ADDRESS)	Winter Park, FL 32789			
(b) Mailing address of limited hability-company:	PO Box 2463			
(Note: MAY BE POST OFFICE BOX)	Winter Park, FL 32790			
8/2/2006	L06000076397			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Flo	rida Dept. e	of State:	
Registered Agent:	C T Corporation System			
Registered Office Address:	1200 South Pine Isla	0 South Pine Island Rd		
	Plantation	EL	33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office	address:		
NEW Registered Agent:	Capitol Corporate Services, Inc.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A			
	Tallahassee	, F	L <u>32301</u>	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be it liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or a member of authorized representative of a member when the proposition of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company of a member of authorized representative of a member of authorized representative of a member of the limited liability company or the operation of the limite	te Florida street address of lentical. Or, in the case of lentical was/were authorized therwise provided in the land.	of the regist of a Florida I by an affi articles of c	tered öffice Llimited rmative vote organization	
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my	e proper and complete pe position as registered a	rjormance gent as pro	of my auties, wided for in	

pier 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office ess, I hereby-confirm that the limited liability company has been notified in writing of this change. Uluw Delanie Case, Asst. Secretary on

Signature of Registered Agent

behalf of Capitol Corporate Services, Inc.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25:00

INHS18 (05/08)