(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
٠.		
<u> </u>		

Office Use Only



900104643959

06/25/07--01039--003 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Litigation Assistant Soft	ware, LLC of Limited Liability Company)	·
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted	for filing.
Please return all correspondence concern	ning this matter to the following:	
Terry Wolf	,	
(Name of Person)		
Litigation Assistant Software, LLC		DIVIS 07.
(Firm/Company)		ISION OF CO
c/o Terry Wolf, 501 E. Kennedy Blvd	I., Suite 1700/Floor 14	
(Address)		OF STATE ORAPION 31
Tampa, Florida 33602		# 3.1 M.O.E.
(City/State and Zip Code)		S
For further information concerning this n	natter, please call:	
Terry Wolf or Tenaya Adrean	at (727 ) 408-0186	
(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 follo	wing amount:	•
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO:

## 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.

agent, or both, in the State of Florida.	
1. The name of the limited liability comp	any is: Litigation Assistant Software, LLC
2. The mailing address of the limited liab	ility company is : c/o Terry Wolf, 501 E. Kennedy Blvd., Suite 1700/14th Flo
Tampa, Florida 33602	
08/07/2006	L06000077730
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the Florida Department of State:	ne registered office address as shown on the records of the
Terry Wolf	
	Name
1105 Pineviev	Avenue
a	Address S
Clearwater, FI	City State and Zin
	only, state and Zip
6. The name and address of the new regis	ered agent and/or office:
Terry Wolf c/o	tered agent and/or office:  Fowler White Boggs Banker  Name  Property, State and Zip  OR POST STATE  OR POST ST
	Name
	y Blvd., Suite 1700/14th Floor
Florida street	address (P.O. Box NOT acceptable)
Tampa	FL 33602
	City, State and Zip
confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed	anized under the laws of the State of Florida, it is hereby is are made, the Florida street address of the registered office gent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote mpany or as otherwise provided in the articles of organization liability company.
(Signature of a member or authorized representative of	a member)
Jerry Wolf/Tenaya Adrean	
(Printed or typed name of signee)	
comply with the provisions of all statutes and I am familiar with and accept the obl Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited	ered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, igations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.
(Signature of Registered Agenty	
Division of Corporati	ons. P.O. Box 6327. Tallahassee. FL 32314

**FILING FEE: \$25.00** 

INHS18 (8/05)