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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Korte, Parker & Ruthm (Name of	nan, P.L. 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	g this matter to the following:	
Maureen J. Ruthman, Esq. (Name of Person)	<u>.                                    </u>	
(Firm/Company) 399 W. Palmetto Park Road, Suit	O7 JAN 22 SECRETARY TALLAHASSE te 202	
(Address)  Boca Raton, Florida 33432  (City/State and Zip Code)	PH 3: 21  EFLORIDA	
For further information concerning this mat	tter, please call:	
Maureen J. Ruthman, Esq. (Name of Person)	at (954 ) 415-4018  (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	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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.

1 701	. 11: 12:	Karta Darkar 9 Buthman	D I	
	• •	Korte, Parker & Ruthman,		
2. The mailing address of	of the limited liability o	company is : 399 W. Palmet	to Park Road, Suite 202	
Boca Raton, Florida 3	3432			
August 21, 2006		L0600008280	)4	
3. Date of filing/registration in Florida		4. Document r	4. Document number	
5. The name of the regis Florida Department of		istered office address as show	n on the records of the	
	Maureen J. Man	Name	<del>_</del>	
,	399 W. Palmetto	Park Road, Suite 202	·	
		Address	O7	
	Boca Raton, Flori		O7 JAN 22 SECRETAN ALLAHASS	
	City	, State and Zip	HAN Z	
6. The name and address	s of the new registered a	agent and/or office:		
	Brian K. Korte			
	399 W. Palmetto	Name Park Road, Svi <b>⊁ 2</b> 02	PH 3: 21 OF STATE EFLORIDA	
	Florida street addres	ss (P.O. Box <b>NOT</b> acceptable	<b>;</b> )	
	Boca Raton	FL 33432		
	City,	State and Zip		
confirmed that after the and the business office of liability company, it is hof the members of the sor the operating agreement.	change or changes are roof the registered agent we ereby confirmed that the mittel liability company the limited liability.	I under the laws of the State of made, the Florida street addre will be identical. Or, in the case change(s) was/were author y or as otherwise provided in ty company.	ess of the registered office ase of a Florida limited ized by an affirmative vote	
(Signature of a member or author	orized representative of a mem	ber)		
Brian K. Korte				
(Printed or typed name of signe	е)			
I hereby accept the appe comply with the provision and I am familiar with a Chapter 608, PAS On it address, I hereby config.	ointment as registered ons of all statules relativ nd accept the obligatio f this document is being nyfat the limited liabil	agent and agree to act in this we to the proper and complete ns of my position as registere filed to merely reflect a char ity company has been notified	capacity. I further agree to e performance of my duties, ed agent as provided for in age in the registered office d in writing of this change.	

(Signature of Registered Agent)