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(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
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SECRETARY OF STATE
TALLAHASSEE FLORID

## cover letter

**TO:** Registration Section Division of Corporations

SUBJECT:	LEGAL DOCUMENT SERVICES, LLC				
	Name of L	imited	Liabili	ity Com	pany
Dear Sir or Madam					
The enclosed Regis	tered Agent/Registered O	ffice C	hange	and fee(	(s) are submitted for filing.
Please return all co	respondence concerning t	this ma	itter to	the follo	owing:
	Ms. Shirley Wise			<del>_</del>	
	Name of Person				
c/o Florida P	roperties Marketing Gro Firm/Company	oup, L	_C	<del></del>	
2450 Holl	ywood Boulevard, Suite Address	<del>2</del> 701			
	lywood, Florida 33020 City/State and Zip Code			_	
Shir E-mail address: (to	leywise99@gmail.com be used for future annual report no	otificatio	n)	_	
For further informa	tion concerning this matte	er, plea	se call	:	
	rley Wise	_ at (	954	Area Code	925-4842  & Daytime Telephone Number
	OURIER ADDRESS:	MAILING ADDRESS:			
Registration Division of (		Registration Section Division of Corporations			
Clifton Build		P.O. Box 6327			
	ive Center Circle	Tallahassee, Florida 32314			
	Florida 32301		-	,	
Enclosed is a check for the following amount:					
\$25 Filir	g Fee		\$5	5 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 608.56 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered				
1. Name of the limited liability company:Leg	al Document Services, LLC				
2. (a) Principal office address of limited liability company	2450 Hollywood Boulevard				
(Note: MUST BE STREET ADDRESS)	Suite 701 Hollywood, Florida 33020				
(b) Mailing address of limited liability company:	AFE SC T				
(Note: MAY BE POST OFFICE BOX)	SSE TO TO				
11/06/2006	L0600001076261 75 U				
3. Date of filing/registration in Florida	4. Document number 57 -				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Philip Wise				
Registered Office Address:	6601 N.W. 167th Street Unit 133 Ft. Lauderdale, Florida_3328				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> :					
NEW Registered Office Address:	2450 Hollywood Boulevard				
(MUST BE FLORIDA STREET ADDRESS)	Suite 701 Hollywood ,FL33020				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member					
Shirley Wise Printed or typed name of signee	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				

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

Signature of Registered Agent