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## COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJE	The Rao Law Firm, P.L.								
Name of Limited Liability Company									
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.							
Please	return all correspondence concerning this	s matter to the following:							
Tara i	Rao, Esq.								
	Name of Person	<del></del>							
The R	Rao Law Firm, P.L.								
	Firm/Company								
2508	W. St. Isabel Street								
	Address	<del></del>							
Tamp	a, FL 33607								
	City/State and Zip Code								
traola	w@gmail.com								
Е	-mail address: (to be used for future annu-	al report notification)							
For fur	ther information concerning this matter, p	please call:							
Tara F	Rao, Esq.	813 960-8726							
	Name of Person	Area Code & Daytime Telephone Number							
	STREET/COURIER ADDRESS:	MAILING ADDRESS:							
	Registration Section	Registration Section							
	Division of Corporations	Division of Corporations							
	Clifton Building	P.O. Box 6327							
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314							
Enclosed is a check for the following amount:									
	<b>■</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company:	Firm, P	.L.		٠		
2. (	a)	See below.	(b)	See be	low.			
(	u,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		2508 W. St. Isabel Street		2508 W	. St. Isabel S	Street		
		Tampa, FL 33607	_	Tampa,	FL 33607			
		1/22/2007	l	_070000	07853			
3.		Date of filing/registration in Florida	4.		Document nu	mber		
5. (	a)	Tara Rao						
J. ,	(4)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Stat	<del>_</del> te:			
		17533 N. Dale Mabry Hwy., Lutz, FL 33548						
	Registered Office Address (MUST BE FLORIDA STREET AD				_	70		
		17533 N. Dale Mabry Hwy.			_		38 9	1 a 1 362
(b)		Lutz , FL	33548		<del></del>	AHAS	1	
		Tara Rao			20 C 17 C 17 C			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	ne of NEW Registered Agent and/or NEW Registered Office address:			VETAKY OF STATE AH488FF, FLORID	9: 2	
	2508 W. St. Isabel Street, Tampa, FL 33607					£_	-	
		NEW Registered Office Address:			_			
		2508 W. St. Isabel Street			_			
		Tampa ,FL	33607					
the cagen was/ the a	t w we rtic	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	the regist bility cor the limitimited lis	ered offic npany, it i ted liabilit	e and the busing is hereby confin ty company or a	iess offic rmed that as other	ce of the control of	he registered change(s)
the o	isio bli ere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	e to act in performa for in Ci ereby coi	in this cap nce of my hapter 602 nfirm that	acity. I further duties, and I a 5, F.S. Or, if th the limited lial	r agree t m famili iis docui bility coi	to com ar wit ment is mpany	ply with the h and accept s being filed has been

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

Signature of Registered Agent