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Special Instructions to Filing Officer:

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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nelson A. Guerra, P.L. (Name	of Limited Liability Company)
Dear Sir or Madam:	
	Office Change and fee(s) are submitted for filing
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Nelson A. Guerra, Esquire	
(Name of Person)	
Nelson A. Guerra, P.L. (Firm/Company)	Andrew
(i i i i i i i i i i i i i i i i i i i	
1211 N. West Shore Blvd., Suite 409	
(Address)	
Tampa, Florida 33607 (City/State and Zip Code)	
(Only/office and 21) Godely	
For further information concerning this matt	er, please call:
	, p
Nelson A. Guerra	at (813) 767-8201
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	.,
Enclosed is a check for the following	ng 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. Nam	e of the limited liability company: Nelson A. G	uerra, P.L.	+
2. (a) I	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Suite 409	
(b) !	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4044 N. West Chara Blad	0 0
6/27/200 3. Date		<u>L07000067855</u> 4. Document number	
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
` ,	Registered Agent:	Nelson A. Guerra	
!	Registered Office Address:	1211 N. West Shore Blvd. Suite 409 Tampa, Florida 33607	25 63
(b) I	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
]	NEW Registered Agent:	Same	0
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1211 N. West Shore Blvd. Suite 409 Tampa,FL 33607	8
that afte office o hereby o liability limited	mited liability company is not organized under the lar the change or changes are made, the Florida street f the registered agent will be identical. Or, in the caconfirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered office and the business use of a Florida limited liability company, it is an affirmative vote of the members of the limited	ı
	of a member or authorized representative of a member) WETSON A- BUERLA r typed name of signee)	-	
I hereb comply am fami F.S. Or confirm	y accept the appointment as registered agent and as with the provisions of all statules relative to the provisions with the provisions of my position it is a common to be a common to be a common to be a common to be a common that the limited highly company has been notified that the limited highly company has been notified		, 211 24 24 24 24 24 24 24 24 24 24 24 24 24
(Signatur	Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	ī

FILING FEE: \$25.00

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