## L07000091149

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations	it .
SUBJECT: Adkins & Downey LLC (Name	of 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:
Annie J. Adkins	
(Name of Person)	
Adkins & Downey LLC (Firm/Company)	
150 N. Swinton Avenue Suite 101	
(Address)	
Delray Beach, Florida 33444 (City/State and Zip Code)	
For further information concerning this man	tter, please call:
Annie J. Adkins	at ( 561. ) 543.0316
(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 following	ing amount:
<b>✓</b> \$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.

in the State of Florida.	
1. Name of the limited liability company: Adkins & D	owney LLC
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 100 East Linton Blvd. Suite 502 B  Delray Beach, Florida 33483
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	100 East Linton Blvd. Suite 502 B  Delray Beach, Florida 33483
	Deiray Beach, Florida 33483
09/05/2007	L07000091149
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Annie J. Adkins
Registered Office Address:	100 East Linton Blvd. Suite 502 B Delray Beach, Florida 33483
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Annie J. Adkins
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	150 N. Swinton Avenue Suite 101
	Delray Beach,
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	
Annie J. Adkins (Printed or typed name of signee)  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the timined liability company has been notifie	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
(Signature of Registered Agent)	(227 Tallaharan Fi 22214
Division of Corporations, P.O. Box FILING FEE	k 052/, Tahanassee, PL 52514 [iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii