

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

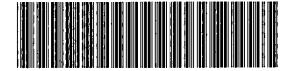
Special Instructions to Filing Officer:

L. SELLERS

OCT - 6 2011

EXAMINER

Office Use Only



700212821197

10/05/11--01016--014 **25.00

SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Son Division of Co			
SUBJECT: Law	Defice of Ma Name of Limite	Erganet M. Gutierrez, P.	
Dear Sir or Madam:			
The enclosed Register	ed Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this r	natter to the following:	
_	et M- Gutie		
Law Office	A Margaret/	M. Gutierrez, P.L.	
P.O. 3	30x 476 Address		
Key Wes	St, FL 330 State and Zip Code	41	
E-mail hedress: (to be u	My Key Wes- sed for future annual report notificati	t Lawyer. com	
For further information	o concerning this matter, ple	ease call:	
	itiemez at (305, 394-7100	
STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, Flor	RIER ADDRESS: tion porations Center Circle	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314	
Enclosed is a check for the following amount:			
\$25 Filing F	ee	\$55 Filing Fee & Certified Copy	

L. 88

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. Name of the limited liability company: Law Office	& Margaret M. Gutierrez, P.L.
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 1075 Dural Street wal Square, Soute C14 Key West, FL 33040
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. BOX 476 Keywest, PL 33041
Oct 25, 2007 3. Date of filing/registration in Florida	L07.0000108568 4. Document number
Registered Agent.	margaret M. Gutierrez 416 B Flening St.
Registered Office Address: (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	Key West, 72 33010
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Margaret M. Gutierrez 1075 Duval Street
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of unember of authorized representative of a member Mangaret Manuel Company Printed or typed hame of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pre-	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an atomative vote wise provided in the articles of gramization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of the obligations of my posting that I am familiar with and accept the obligations of my posting for the configuration of the compant of the limited liability company (Signature of Registered Agent) Signature of Registered Agent (Signature of Registered Agent) Figure 1 April 1 April 1 April 1 April 2	27, Tallahassee, FL 32314