L08000003167

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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2010 DEC 20 PM 2: 58
SECRETARY OF STATE
TALL A LARSEF FILEMEN

T. CLINE

DEC 2 1 2010

EXAMINER

COVER LETTER

	on Section of Corporations							
SUBJECT:	JACKSONVIL Name of			RAL NET		***************************************	-	
Dear Sir or Mada	m·			•				
Dear Sir or iviada								
The enclosed Reg	gistered Agent/Registered	Office (Change	and fee(s)	are submitted for	filing.		
Please return all c	correspondence concerning	g this m	atter to	the followi	ing:			
	RALPH T MELLO			_				
	Name of Person							
Jackso	onville Referral Network	, LLC						
	Firm/Company			_				
87	785 Perimeter Park Blv	d , # 40	2 0	_		Personal		
	Address	·				SEC	2010	
						- AH	2010 DEC 20	•
Ja	cksonville, Florida 3221	16		_		ASS TAT	\sim	i i mar
	City/State and Zip Code					25 A		3 T
4.00	nalla 0700 @ aamaaat na					70	7	سام سام
E-mail address: (nello8700@comcast.ne to be used for future annual report	t notificatio	n)				₹ <u>`</u>	**
For further inform	nation concerning this ma	tter, plea	ise call	:		® ⊤i	න ලා	
Ra	lph T. Mello	at (904)	536-7162			
Nar	ne of Person	\	,	Area Code & D	Daytime Telephone Nun	nber	•	
STREET/O	COURIER ADDRESS:		MA	ILING ADI	DRESS:			
Registratio			Registration Section					
	Corporations		Division of Corporations					
Clifton Bui				Box 6327				
	utive Center Circle e, Florida 32301		Tall	ahassee, Flo	rida 32314			
Enclosed	is a check for the follow	ing amo	unt:					
√ \$25 Fili	ing Fee		\$5	5 Filing Fee	e & Certified Cop	у		

£2. 5

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.

Name of the limited liability company:	sonville Referral Network, LLC.
2. (a) Principal office address of limited liability compa	ny: 8785 Perimeter Park Blvd. \$400
(Note: MUST BE STREET ADDRESS)	Jacksonville, Fl. 32216
(b) Mailing address of limited liability company:	8785 Perimeter Park Blvd. , # 400
(Note: MAY BE POST OFFICE BOX)	Jacksonville, Fl. 32216
1/9/2008	L0800003167
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	W.H. SHARP JR.
Registered Office Address:	9220 Cypress Green Drive Jacksonville, FL. 32256
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address: SERY 20
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3785 Perimeter Park Blvd. # 400 Final Parksonville FL 32216
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company	Florida street address of the registered office ntical. Or, in the case of a Florida limited
Signature of a member of buthorized representative of a member W.H. SHARP JR.	
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 pand I am familiar with and accept the obligations of my pand to the company of this document is being filed to maddress, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in serely reflect a change in the registered office ny has been notified in writing of this change.
Division of Corporations, P.O. Box 6	327 Tallahassaa FI 32214
Division of Corporations, r.O. Box o	IJLI, Lahanassee, FL Jäji4

FILING FEE: \$25.00

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