108000018564

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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EXAMINER



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FILED 10 SEP 27 PM 12: 27

COVER LETTER .

*1-		egistration Section vision of Corporations			
	SUBJEC		owman Law Firm, LLC		
		Name of L	imited Liability Company		
	Dear Sir or Madam:				
	The enclo	sed Registered Agent/Registered C	office Change and fee(s) are submitted for filing.		
	Please ret	urn all correspondence concerning	this matter to the following:		
		Catherine Bowman			
		Name of Person			
		The Bowman Law Firm, LLC	<u> </u>		
		rum/Company			
		1527 County Road 750			
		Address			
		A41 TN 07000			
	•	Athens, TN 37303 City/State and Zip Code			
	E-mail	bowmanlawfirm@gmail.com	n otification)		
	For furthe	For further information concerning this matter, please call:			
		Catherine Bowman	at (321) 246-2349		
		Name of Person	Area Code & Daytime Telephone Number		
	ST	REET/COURIER ADDRESS:	MAILING ADDRESS:		
		gistration Section	Registration Section		
		vision of Corporations	Division of Corporations		
		fton Building	P.O. Box 6327		
		61 Executive Center Circle Ilahassee, Florida 32301	Tallahassee, Florida 32314		
	En	Enclosed is a check for the following amount:			
		\$25 Filing Fee			

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BÖTH 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:	The Bowman Law Firm, LLC	
2. (a) Principal office address of limited liability com	npany: 1527 County Road 750	
(<u>Note: MUST BE STREET ADDRESS</u>)	Athens, TN 37303	
(b) Mailing address of limited liability company:	1527 County Road 750	
(Note: MAY BE POST OFFICE BOX)	Athens, TN 37303	
02/19/2008	L08000018564	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shows	•	
Registered Agent:	Catherine Bowman	
Registered Office Address:	25 Old Post Road Longwood, FL 32779	
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Calvin Peck 2410 Shoreham Rd. Orlando ,FL32803	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed or the operating agreement of the limited liability company or as confirmed or a member or authorized representative of a member of signee I hereby accept the appointment as registered agent accomply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of member of the confirmed that the limited liability company. Signature of Registerial agent.	r the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vootherwise provided in the articles of organization of the provided in the articles of the provided in the	e ote on
Division of Corporations, P.O. Bo	ox 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)