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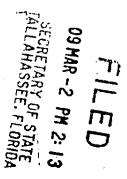
(Requestor's Name)			
Coductor o Novice,			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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J. BRYAN

MAR - 3 2009

EXAMINER

COVER LETTER

±*		COVEREDITER
	Registration Section Division of Corporations	
SUBJE	CT: Korkis Business Archite	cts, LLC.
	(Name	of Limited Liability Company)
Dear Si	r or Madam:	-
The end	closed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please i	return all correspondence concerning	this matter to the following:
_		
<u>aura P.</u>	Powderly-Korkis (Name of Person)	
Korkis Bu	usiness Architects, LLC, (Firm/Company)	09 MAR -2 SECRETARY LLAHASSE
5924 NV	V 117 Drive (Address)	PH 2: 13 OF STATE FLORIDA
Coral Sp	orings, FL. 33076 (City/State and Zip Code)	
For furt	her information concerning this matt	er, please call:
Laura P.	Powderly-Korkis	at (754) 484-0619
	(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	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.	Name of the limited liability company: Korkis Business Architects, LLC.					
2.	(a)	Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	ny: 5924 NW 117 Drive Coral Springs, FL. 33076			
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5924 NW 117 Drive Coral Springs, FL. 33076			
		• .				
Αр	ril_17	, 2008	L08000038917			
3.	Dat	e of filing/registration in Florida	4. Document number			
5.	(a)	a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		Registered Agent:	Jean C Korkis			
		Registered Office Address:	3945 Cocoplum Circle Coconut Creek, FL. 33063			
	(b)	Enter name of NEW Registered Agent and/or NI	EW Registered Office address:			
		<u>NEW</u> Registered Agent:	Jean C. Korkis			
		<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Korkis Business Architects, LLC. 5924 NW 117 Drive Coral Springs ,FL33076			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. 2/13/200 9 (Signature of Amember of authorized representative of a member)						
(P	rinted	P. Powderly-Korkis or typed name of signee)				
l i co an F., co	here mply 1 fan S. C nfirr	by accept the appointment as registered agent and with the provisions of all statules relative to the philiar with and accept the obligations of my position, if this document is being filed to merely reflect on that the limited liability company has been notified.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.			
		re of Registered Agent)	८००५ .			