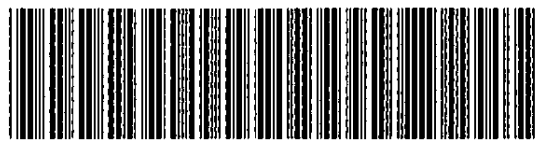


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G. MCLEOD

AUG 19 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kathy Ann Marks. LCSW, 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 this matter to the following:

Kathy Ann Marks

Name of Person

Kathy Ann Marks, LCSW, LLC

Firm/Company

1715 Hodges Blvd. Apt. 2507

Address

Jacksonville, FL 32224

City/State and Zip Code

ka\_marks@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Ann Marks

Name of Person

at ( 904 )

252-2412

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 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: Kathy Ann Marks, LCSW, LLC

2. (a) Principal office address of limited liability company: 943 Cesery Blvd

☒ (Note: **MUST BE STREET ADDRESS**)

Building G  
Jacksonville, FL 32211

(b) Mailing address of limited liability company: P.O. Box 11729

☒ (Note: **MAY BE POST OFFICE BOX**)

Jacksonville, FL 32239

06/09/2008  
3. Date of filing/registration in Florida

L08000056624  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Kathy Ann Marks

Registered Office Address: 4455 Confederate Point Rd.  
Apt. 19E  
Jacksonville, FL 32210

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Kathy Ann Marks

**NEW Registered Office Address:** 1715 Hodges Blvd  
**(MUST BE FLORIDA STREET ADDRESS)** Apt. 2507  
Jacksonville, FL 32224

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.

[Signature]  
Signature of a member or authorized representative of a member

Kathy A. Marks  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00