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(Requestor's Name)		
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	isiness Entity Name)	
(Do	ocument Number)	
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Certified Copies		
Special instructions to Filing Officer:		
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SECRETARY OF STATE
ALLAHASSEE, FLORID

J. BRYAN

JUN 18 2009

EXAMINER



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	SUBJECT: Principal Client Services, LLC Name of Limited Liability Company		
Dear !	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concernin	g this matter to the following:	
	Jennifer L. Frisbee		
	Name of Person		
	Principal Client Services, L	SECRI SECRI	
	Firm/Company	HAS N	
		7 T	
	3042 Hidden Oaks Drive		
	· Address	SECRETARY OF STATE ALLAHASSEE, FLORID	
	Middleburg, FL 32068	→	
	City/State and Zip Code		
E	innfris@bellsouth.net -mail address: (to be used for future annual report	notification)	
For fu	rther information concerning this ma	tter, please call:	
	Jennifer L. Frisbee	at (904)291-5640	
	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 follow	ing 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: Pri	incipal Client Services, LLC
2. (a) Principal office address of limited liability company	y: 3042 Hidden Oaks Drive
(Note: MUST BE STREET ADDRESS)	Middleburg, FL 32068
(b) Mailing address of limited liability company:	3042 Hidden Oaks Drive
(Note: MAY BE POST OFFICE BOX)	Middleburg, FL 32068
6/4/09	L08000083984
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Jennifer Frisbee
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3042 Hidden Oaks Drive Middleburg ,FL32068
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and 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 a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Jennifer L. Frisbee Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the providing I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office y has been notified in writing of this change.
Signature of Registered Agent Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00