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(Address)

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SECOND DEPT OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG - 8 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ESPENSHIP & SCHLAX LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER K. ESPENSHIP

Name of Person

ESPENSHIP & SCHLAX LLC

Firm/Company

200 E. FORSYTH STREET

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

sherri@espenshipschlax.com

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

For further information concerning this matter, please call:

SEAN ESPENSHIP

Name of Person

at (904)

5916790

Area Code & Daytime Telephone Number

FILED
12 AUG -6 PM 12:00
DIVISION OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ESPENSHIP & SCHLAX LLC

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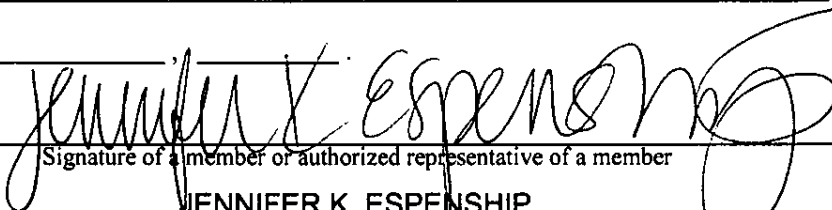
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SEAN A. ESPENSHIP	1619 6TH STREET SOUTH JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	STEPHEN F. ALBEE	1139 N. LAURA STREET JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated _____



Signature of a member or authorized representative of a member
JENNIFER K. ESPENSHIP

Typed or printed name of signee

FILED
2 AUG - 6 PM 12:00
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA