L08000103864

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SECRETARY OF STATE
DIVISION OF CURPICALITY

OR MON 17 CT

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bulluck Law Group, PL (Name	e 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 concernin	g this matter to the following:	
David Bulluck (Name of Person)		
Bulluck Law Group, PL (Firm/Company)		
10320 N. 56th Street, Suite 220 (Address)		
Temple Terrace, FL 33617		
(City/State and Zip Code)		
For further information concerning this man	tter, please call:	
David Bulluck	at (<u>813</u>) <u>505-0275</u>	
(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	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: Bulluck La	w Group, PL	•
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	ny: 10320 N. 56th Street, Suite 220 Temple Terrace, FL 33617	_ D
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10320 N. 56th Street, Suite 220 Temple Terrace, FL 33617	_ O
November 6, 2008 3. Date of filing/registration in Florida	L08000103864 4. Document number	_
· ·		
5. (a) Registered Agent and Registered Office shown o		DIVIS
Registered Agent:	David Bulluck	SEC VISI
Registered Office Address:	11899 Raintree Drive Temple Terrace, FL 33617	OH OF
		-33 <u>F</u>
(b) Enter name of NEW Registered Agent and/or N		85
NEW Registered Agent:	David Bulluck	ATION
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10320 N. 56th Street Suite 220 Temple Terrace,FL_33617	- K
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	reet address of the registered office and the busing case of a Florida limited liability company, it is do not a ffirmative yote of the members of the limits and li	ness s imited
David Bulluck (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notificated.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, on as registered agent as provided for in Chapte a change in the registered office address, I here ied in writing of this change.	o and I er 608, eby

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)

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