## LUP000 110775

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## COVER LETTER

INHS18 (2/14)

	Registration Section Division of Corporations						
SUBJE	Law Offices of G. Joe D'Ama	ita, LLC					
Name of Limited Liability Company							
Dear Si	r 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:							
Giusa	ppe D'Amata, Esq.						
		<del></del>					
	Name of Person						
Law C	Offices of G. Joe D'Amata, LLC						
_	Firm/Company						
1726	SW 82nd Drive						
	Address						
Gaine	esville, FL 32607						
	City/State and Zip Code						
joe@d	damatalaw.com						
E	-mail address: (to be used for future annu	ual report notification)					
For fur	ther information concerning this matter,	please call:					
Giuse	ppe D'Amata, Esq.	352 672-0153					
***	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:	MAILING ADDRESS:					
		Registration Section					
	Division of Corporations  Division of Corporations  Division of Corporations						
	Clifton Building P.O. Box 6327  2661 Eventury Center Circle Tullabasses Florida 32314						
	2661 Executive Center Circle Tallahassee, Florida 32301	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 605.0114 or 605.0116, 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. Na	me of the limited liability company:	Law Offices of	f G. Joe	D'Amata	, LLC	
2. (a)	1726 SW 82nd Drive		(b)	1726 SW	82nd Drive	
2. (u)	Principal office address of limited lis (Note: MUST BE STREET A		(*).	М	ailing address of limited (Note: MAY BE POST	
	Gainesville, FL 32607			Gainesvi	lle, FL 32607	
	12/03/2008		 L	0800011	0775	
3.	Date of filing/registration in	n Florida	4.	]	Document number	
5. (a)	Giuseppe D'Amata, Esq.					<b>三</b> 圣名
3. (a)	Registered Agent and Registered Office sho	wn on the records of the	he Florida D	Dept. of State	:	8
	1012 NW 87th Way					AUG-1
	Registered Office Address (MUST BE F	LORIDA STREET A	(DDRESS)			- 93
	Gainesville	, FL	32606			新D:00
	Ciucanna D'Amata, Esa					- 5
(p)	Giuseppe D'Amata, Esq.  Enter name of <u>NEW Registered Agent</u> and	/or NEW Degistered	Office oddr	TARE!	•	
	Enter hance of NEW Registered Agent and	701 NEW REgistered	Onice addi	<u>css</u> .		
	1726 SW 82nd Drive					
	NEW Registered Office Address:					
	-					
	Gainesville	, FL	32607			
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote icles of organization or the operating	a street address of Florida limited lia of the members o	the regist ability con of the limit	ered office npany, it is ed liability	and the business of hereby confirmed to company or as other	fice of the registered hat the change(s)
			Gius	eppe D'A	Amata, Esq.	
I here provis the ob- to mer notifie	ture of a premier of authorized representative by occept the appointment as registe ions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered d in writing of this change.	, ,	ree to act i performa d for in Ci hereby coi	n this cape nce of my c hapter 605 afirm that i	Printed or typed name of acity. I further agreduties, and I am fam, F.S. Or, if this docton limited liability of the liability	

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

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