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AUG 28 2009

EXAMINER



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: AGENCE, LLC  Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
ANITA YEATES Name of Person	<del>index and the state of the sta</del>	
AGENCE, LLC		
Firm/Company		
5841 NW 121 AVENUE Address		
CORAL SPRINGS, FLORIDA 33076 City/State and Zip Code	3	
YEATES.ANITA@GMAIL.COM E-mail address: (to be used for future annual report notification)	ation)	
For further information concerning this matter, p	lease call:	
ANITA YEATES at (		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2,661 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.

Name of the limited liability company:	AGENCE, LLC	AGENCE, LLC		
2. (a) Principal office address of limited liability company	: 5858 NW 119TH	5858 NW 119TH DRIVE		
(Note: MUST BE STREET ADDRESS)	CORAL SPRINGS, FLORID	A 33076		
(b) Mailing address of limited liability company:		760 SIAIG		
(Note: MAY BE POST OFFICE BOX)		S S		
	L0900007683	27 AM		
3. Date of filing/registration in Florida	4. Document number	<u>rù</u>		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept.	of State:		
Registered Agent:	ANITA YEATES	<u>.</u>		
Registered Office Address:	5858 NW 119TH DRIVE CORAL SPRINGS, FLORIDA 33076			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5841 NW 121st AVENUE	,		
MUSI BE I LORIDA STREET ADDRESS	CORAL SPRINGS ,I	FL 33076		
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability 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	orida street address of the regist	ered office		
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 provision of all statutes relative to the provision of any positive to the provision of the company of the company of the limited liability company of Registored Agent	gree to act in this capacity. I fur per and complete performance sition as registered agent as pro- cely reflect a change in the regis has been notified in writing of	rther agree to of my duties, vided for in tered office this chänge.		
Division of Corporations P.O. Roy 63	27. Tallahassee, FI. 32314			

**FILING FEE: \$25.00** 

INHS18 (05/08)