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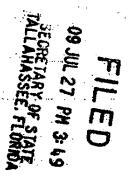
(Requestor's Name)						
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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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D. BRUCE

JUL 28 2009

EXAMINER

COVER LETTER

Division of Co	porations					
SUBJECT:	Ka	aruna	P. Ra	ao, F	PLLC	
	Name of I	Limited	l Liabil	ity C	ompany	
Dear Sir or Madam:						
The enclosed Registere	ed Agent/Registered (Office (Change	and :	fee(s) are submitted for filing.	
Please return all corres	pondence concerning	this m	atter to	the f	following:	
	Karuna P. Rao					
	Name of Person					
	Ina P. Rao, PLLC			_		
	, ши сыпрану				SEC TALL	3
606	7 Arlington Circle			_		Z. «
, a	Address				AS AS	- -
4					SEX	, L
Melbo	urne, Florida 32940	1			<u> </u>	ľ
City/State and Zip Code			-	ලිසු ස	֓֞֜֜֜֜֜֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
					3 7 5 S	
karunarao@cfl.rr.com E-mail address: (to be used for future annual report notification)				_	S	•
E-mail address: (to be u	sed for future annual report r	notificatio	m)	· -		
For further information	n concerning this matt	ter, plea	ase call	:		
Karuna	P. Rao	_ at (_	321	_) _	610-8555	
Name of I	'erson			Area C	Code & Daytime Telephone Number	
STREET/COU	RIER ADDRESS:		MA	JLIN	G ADDRESS:	
Registration Sec		Registration Section				
Division of Corp		Division of Corporations				
Clifton Building		P.O. Box 6327 Tallahassee, Florida 32314				
2661 Executive Tallahassee, Flo			i aii	lahass	ice, Florida 32314	
Enclosed is a	check for the following	ng amo	unt:			
\$25 Filing F	ee	\$55 Filing Fee & Certified Copy				

TO:

Registration Section

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:	Karuna P. Rao, PLLC
2. (a) Principal office address of limited liability company	: 6067 Arlington Circle
_[✓] (<u>Note: MUST BE STREET ADDRESS</u>)	Melbourne, Florida 32940
(b) Mailing address of limited liability company:	6067 Arlington Circle
(Note: MAY BE POST OFFICE BOX)	Melbourne, Florida 32940
February 18, 2009	L09000016180
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Karuna P. Rao
Registered Office Address:	1334 Enclave Drive Rockledge, FL 32955
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6067 Arlington Circle Melbourne FL32940
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl 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 Harma P. Ras Signature of a member or authorized representative of a member	orida street address of the registered office
Karuna P. Rao 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 production and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for rely reflect a change in the registered office whas been notified in writing of this change.
Signature of Registered Agent	

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