* L09000036399

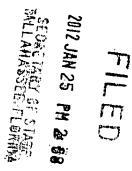
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JAN 2 6 2011
EXAMINER

Office Use Only



200219070742

01/25/12--01010--029 **25.00





Tel 866.996.6104 Fax 407.209.3870 www.smartbizlaw.com Attorney at Law

2135 NW 40th Terrace, Suite B Gainesville, Florida 32605 Jeff Childers jchilders@smartbizlaw.com

Monday, January 23, 2012

VIA U.S. REGULAR MAIL

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

Re:

ChildersLaw, LLC / L09000036399 New Registered Office Change

Dear Registration Section,

Please find enclosed the following for filing with the Division of Corporations:

Cover Letter;

Statement of Change of Registered Office; and

Check #832 in the amount of \$25.00 for filing fee of the above.

Thank you for your time and assistance regarding this matter. Should you have any questions or if there is anything further we may provide to you, please do not hesitate to contact our office.

Respectfully,

Heather R. Sanders, FRP

Florida Registered Paralegal

/hrs

Enclosures as noted.

COVER LETTER

	Childorel aw 11 C
BJECT:Name of	ChildersLaw, LLC Limited Liability Company
r Sir or Madam:	
enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
se return all correspondence concerning	g this matter to the following:
Seldon J. Childers	•
Name of Person	
	1. Cir.
ChildersLaw, LLC	AN A
Firm/Company	ALLAHASS
2135 NW 40th Terrace, Suit	E B SINE CONTROL OF SINE CONTR
Address	
Gainesville, Florida 3260	1 L
City/State and Zip Code	
ilders@smartbizlaw.com / jchilders9 E-mail address: (to be used for future annual report	98@gmail.com notification)
further information concerning this man	tter, please call:
	•
Heather R. Sanders	at (<u>352</u>) <u>562-6315 / 352-335-0400</u>
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	ing amount:

INHS18 (5/08)

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:	ChildersLaw, LLC		
2. (a) Principal office address of limited liability comp	pany:		
(Note: MUST BE STREET ADDRESS)	2135 NW 40th Terrace, Suite B Gainesville, Florida 32605		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	2135 NW 40th Terrace, Suite B Gainesville, Florida 32605		
April 15, 2009	L09000036399		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown			
Registered Agent:	Seldon J. Childers		
Registered Office Address:	1330 NW 6th Street Suite C Gainesville, EL 32601		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW Registered Agent</u> :			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2135 NW 40th Terrace Suite B Gainesville ,FL32605		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be it liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	te Florida street address of the registered office		
V Seldon J. Childers	<u> </u>		
Printed or typed name of signee I hereby accept the appointment as registered agent ar comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, iffilial focument is being filed to address, I hereby confirm that the limited liability comparison of Registered Agent Division of Corporations, P.O. Box	k 6327, Tallahassee, FL 32314		
FILING FEE: \$25.00			