L09000065966

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EXAMINER



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COVER LETTER

ΓO: Registration SectionDivision of Corporations					
		Resources,			
Name of	Limite	d Liability Co	ompany		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	d Office	Change and for	ee(s) are submitted	for filing.	
Please return all correspondence concerning	ng this n	natter to the fo	ollowing:		
Daniel Botbol Name of Person				TALLAHA	12 OCT 31
PEO Resources, LLC				SATION TO	
Firm/Company				FLORIDA	D: 21
3910 W. South Ave.		_			
Address					
Tampa, FL 33614 City/State and Zip Code					
bill@dominguezedwards.co	com rt notificat	ion)			
For further information concerning this ma	atter, ple	ease call:			
Bill E.	at (813)	259,221;	2	
Name of Person	(_	 /	ode & Daytime Telephone	Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration of P.O. Box 6	of Corporations		
Enclosed is a check for the follow	ing am	ount:			
\$25 Filing Fee	.		ng Fee & Certified	Сору	

TO PERSONAL PROPERTY OF

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.

2. (a) Principal office address of limited liability company: 3910 W. Son	PEO Resources, LLC		
(N.) ALICE DE CEDERE ADDRESS	uth Ave.		
(Note: MUST BE STREET ADDRESS) Tampa, FL 33614	12 3		
(b) Mailing address of limited liability company: 3910 W. South Ave	2 2		
(Note: MAY BE POST OFFICE BOX) Tampa, FL 33614	10 3		
O7.08.2009 L0900006596 3. Date of filing/registration in Florida 4. Document number	ORDET 2		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept	. of State:		
Registered Agent: Daniel Botbol			
Registered Office Address: 4319 35th Street Orlando, FL 33614			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
NEW Registered Agent:			
NEW Registered Office Address: 3910 South Ave. (MUST BE FLORIDA STREET ADDRESS) Tampa, FL 33614	.FL		
If the limited liability company is not organized under the laws of the State of Florida, it is confirmed that after the change or changes are made, the Florida street address of the registened and the business office of the registered agent will be identical. Or, in the case of a Floridability company, it is hereby confirmed that the change(s) was/were authorized by an after the members of the limited liability company or as otherwise provided in the articles of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	c haraby		
Printed or typed name of signce I hereby accept the appointment as registered agent and agree to act in this capacity. If comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as proceedings of the configuration of the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as proceedings of the configuration of the configurati	inthan aanaa ta		

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