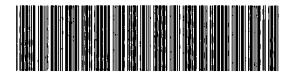
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
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SECRETARY OF STATE
TALLAHASSEF, FI ORIO

COVER LETTER

Division of Corporations	
	& MOBILE NOTARY SERVICE, LLC
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
IRENE T DOLLEMAN Name of Person	
L&M PROCESS & MOBILE NOTARY S	SERVICE, LLC
360 FOXGLOVE ROAD Address	<u> </u>
VENICE, FL 34293 City/State and Zip Code	
midge243@comcast.ne E-mail address: (to be used for future annual repor	
For further information concerning this ma	tter, please call:
IRENE DOLLEMAN	at (941) 496-9325
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 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 follow	ing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section



April 2, 2010

IRENE T. DOLLEMAN 360 FOXGLOVE ROAD VENICE, FL 34293

SUBJECT: L&M PROCESS AND MOBILE NOTARY SERVICE, LLC

Ref. Number: L09000070172

We have received your document for L&M PROCESS AND MOBILE NOTARY SERVICE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

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Letter Number: 810A00008154

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.

1. Name of the limited liability company:L&M Pro	ocess & Mobile Notary Service,LLC		
2. (a) Principal office address of limited liability compan	y: 360 Foxglove Road		
(Note: MUST BE STREET ADDRESS)			
Venice, FL 34293			
(b) Mailing address of limited liability company:	360 Foxglove Road		
(Note: MAY BE POST OFFICE BOX)			
	Venice, FL 34293		
7/22/2009	L09000070172		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	The Company Corporation		
Registered Office Address:	2711-Genterville Road Suite 400		
	Wilmington, DE 19808		
	TallataSSERIFL 32301 US		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:		
NEW Registered Agent:	Irene Dolleman		
NEW Registered Office Address:	360 Foxglove Road		
(MUST BE FLORIDA STREET ADDRESS)	Venice ,FL34293		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Thereby accept the appointment as registered agent and agree to act in this capacity. Further as regito comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the general office address. I hereby confirm that the limited liability company has been notified in writing of this change.			
Signature of Registered Agent			