## L09000073913

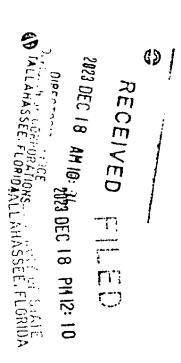
	(Requestor's Name)	
	(madastars filame)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

TO: Reg	stration Section ision of Corporations					
SUBJECT:	Monroe Street Strategic Partners, LEG	Ü				
Name of Limited Liability Company						
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registered Offic	ce Change and fo	ee(s) are submitted for filing.			
Please return	n all correspondence concerning this	s matter to the fo	llowing:			
Jeffrey Wood	iburn					
	Name of Person		-			
Jeffrey Wood	lburn PA					
	Firm/Company		-			
204 South M	onroe St Suite 201					
-	Address		<del></del>			
Tallahassee,	FL 32301					
	City/State and Zip Code		-			
jw@woodbui	mlawfirm.com					
E-mail	address: (to be used for future annu	al report notifica	- ition)			
For further i	nformation concerning this matter, p	olease call:				
Jeffrey Wood	lburu	352 at (	281-5262			
	Name of Person	\	Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following a	imount:				
<b>■</b> S	25 Filing Fee	<b>□</b> \$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 605.0114 or 605.0116, 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. N	ame of the limited liability company: Monroe Street Stra	ategic I	artne	ers, LLC				
2. (a)	204 South Monroe Street	(b) 204 South Monroe St						
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	` / -	-	Mailing addres	s of limited l		
	Tallahassee, FL 32301		T	allahasse	ee, FL 32301			
			_					-
	08/03/2009		L0	9000073	913			
3.	Date of filing/registration in Florida	4.	_		Document r	number		<del> </del>
5. (a)	Robinson, Wesley M							
, ,	Registered Agent and Registered Office shown on the records of the 260 Cranwood Drive	he Flori	da De	pt. of Stat	<del>-</del> te:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			TALLAHASSEE, FLORIDA				
	Key Biscayne, FL	33149			_	HASS	81 33	-
(b)	Jeffrey Woodburn PA					EC. TO	PM 12: 10	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ddres	<u>55</u> :	_	등 등 등		
	204 South Monroe Street					io A	0	
	NEW Registered Office Address:	_			_			
	Suite 201				_			
	Tallahassee, FL_	32301			_			
change agent w was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the notile be identical. Or, in the case of a Florida limited liab tree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility control the lind imited	ed o omp nited liabi	ffice and any, it is l liability lity com	d the busines s hereby cont v company o	s office of firmed that	the reg	gistered
Signal	ure of a member or authorized representative of a member	Sla	ter B	ayliss ———	<b>D</b> :t			
I herek provisie he obli o mere votifica	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pa- igations of my position as registered agent as provided of by reflect a change in the registered office address. The lin writing of this change.	CY 1/11/71	1/231/7/	2 (1) (1) (1)	duting and to	er agree to	compl	and announce
Signartir	e of Registered Agent							

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