

LO9000095192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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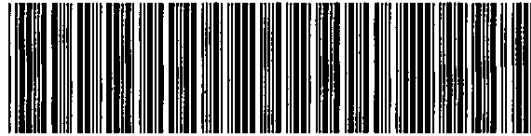
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JORG A. BOBER, D.P.M., P.L.
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 concerning this matter to the following:

Seth Schwartz, Esquire
Name of Person

The Schwartz Law Group, P.A.
Firm/Company

10365 Hood Road South, Suite 105
Address

Jacksonville, FL 32257
City/State and Zip Code

seth@flattorney.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seth Schwartz, Esquire at (904) 292-0222
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

Enclosed is a check for the following amount:
\$25 Filing Fee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2009

SETH SCHWARTZ ESQ.
THE SCHWARTZ LAW GROUP PA
10365 HOOD ROAD SOUTH, STE. 105
JACKSONVILLE, FL 32257

SUBJECT: JORG A. BOBER, D.P.M., P.L.
Ref. Number: L09000095192

We have received your document for JORG A. BOBER, D.P.M., P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

Letter Number: 009A00036966

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.

1. Name of the limited liability company: JORG A. BOBER, D.P.M., P.L.

2. (a) Principal office address of limited liability company: JORG A. BOBER, D.P.M., P.L.

(Note: MUST BE STREET ADDRESS)

3599 University Blvd. South
Bldg. 500, Suite 504
Jacksonville, FL 32216

(b) Mailing address of limited liability company:

JORG A. BOBER, D.P.M., P.L.

(Note: MAY BE POST OFFICE BOX)

3599 University Blvd. South
Bldg. 500, Suite 504
Jacksonville, FL 32216

October 1, 2009

1.09000095192

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:

Law Offices of Curtis 7 Associates, P.A.

Registered Office Address:

Law Offices of Curtis 7 Associates, P.A.
701 Market Street, Unit 109
Saint Augustine, FL 32095

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

The Schwartz Law Group, P.A.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

The Schwartz Law Group, P.A.
10365 Hood Road South, Suite 105
Jacksonville, FL 32257

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

J. A. Bober
Printed name of signatory

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TALLAHASSEE, FLORIDA

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has 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

FILED
09 NOV 30 PM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA