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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	UBJECT: 4L Law, LLC  Name of Limited Liability Company						
		Diffico	Liability Con	rpariy			
Dear S	Sir or Madam:			•			
The er	nclosed Registered Agent/Registered	Office (	Change and fee	(s) are submitted for filing.			
Please	return all correspondence concerning	g this m	atter to the foll	owing:			
	Martin J. Sweet						
	Name of Person						
	4L Law, LLC Firm/Company						
	PO Box 453 Address			· · · · · · · · · · · · · · · · · · ·			
	Jupiter, FL 33468						
	City/State and Zip Code						
E-	Sweet@4LLaw.com mail address: (to be used for future annual report	notification	on)				
For fu	rther information concerning this ma	tter, plea	ase call:				
	Martin J. Sweet	at (	719 )	924-5529			
	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		Registration Division of P.O. Box 63	Corporations			
	Enclosed is a check for the follow	ing amo	ount:				
	\$25 Filing Fee		\$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 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 liabil	ty company:	4L Law, LLC				
	Principal office address of limited liability company:					
( <u>Note: MUST BE S</u>	TREET ADDRESS)	5353 Parkside Drive Jupiter, FL 33458				
(b) Mailing address of lin	nited liability company:	<del></del>				
(Note: MAY BE PO	ST OFFICE BOX)	PO Box 453 Jupiter, FL 33468				
January 19, 20	10	L1000000	)6490			
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:		Martin J. Sweet				
Registered Office Add	dress:	235 Poinciana Drive Jupiter, FL 33458	10 SEP			
(b) Enter name of <u>NEW I</u> <u>NEW</u> Registered Age	Registered Agent and/or l	NEW Registered Office add	16 PH P			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		5353 Parkside Drive  Jupiter	,FL33458			
If the limited liability compare confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of Signature of a member or authorized re	ge or changes are made, the registered agent will be in confirmed that the change liability company or as of the limited liability comp	the laws of the State of Floridale Floridals street address of the dentical. Or, in the case of a let (s) was/were authorized by therwise provided in the artic	la, it is hereby e registered office Florida limited an affirmative vote			
Signature of a member of authorized re	presentative of a member		1 F			
Printed or typed name of signee	J. Sweet	ad acuse to cot in this can aci	te. I fouth an appear to			
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm that	all statutes relative to the call statutes relative to the cept the obligations of my document is being filed to the limited liability comp	ia agree to aci in inis capacili e proper and complete perfori o position as registered agent merely reflect a change in th pany has been notified in writ	y. I juriner agree to mance of my duties, as provided for in the registered office ting of this change.			
Signature of Registered Agent			•			

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