L10000011606

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(JUL 0 8 2013 D. BRUCE **TO:** Registration Section Division of Corporations

SUBJECT: Adams and Nichols Ecological Consultants, 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 concerning this matter to the following:

Jason R Adams

Name of Person

Adams and Nichols Ecological Consultants, LLC

Firm/Company

18144 Heron Walk Dr

Address

Tampa FL 33647

City/State and Zip Code

jadams@anecological.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason R Adams

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

at (<u>813</u>) Area Code & Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee





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: Adams and Nichols Ecological Consultants, LLC
- 2. (a) Principal office address of limited liability company: Adams and Nichols Ecological Consultants, LLC (Note: MUST BE STREET ADDRESS) 19046 Bruce B Downs Blvd
 - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

01/27/2010

3. Date of filing/registration in Florida

L10000011606

Tampa FL 33647

Tampa FL 33547

4. Document number

19046 Bruce B Downs Blvd

Adams and Nichols Ecological Consultants, LLC

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JASON R ADAMS

	Registered Office Address: 18144 HERON WALK DR				
		TAMPA FL 33647		23	
			in in t	600	~~~
				JUL	WINDOW R
(b)	Enter name of NEW Registered Agent and/or NEW	Registered Office addre		5 CT	l l
	NEW Registered Agent:		SE O		11
	NEW Registered Office Address:		FLOF	112:	Craw of
	(MUST BE FLORIDA STREET ADDRESS)				

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.

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Signatize of a member or authorized representative of a member

Jason R Adams		
Printed or typed name of signee	 	

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, Lhereby confirm that the limited liability company has been notified in writing of this change.
Jasn Rta
Signature of Kedistered Agent

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