## L 100000 18698

(Requestor's Name)
<i>,</i> **.
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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Families come First, LLC Name of Limited	C d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing	3.
Please return all correspondence concerning this m	natter to the following:	
Jessica Bors Te Name of Person	TĂLLA	2010 HAR 25 SECRETARY
Families come First 16	A V SEC	
108 B South Aforka Ave Address		AH II: 19  OF STATE ORIDA
Inverses FL 34450 City/State and Zip Code		
E-mail address: (to be used for future annual report notification	on)	
For further information concerning this matter, ple	ase call:	
JESSICA Bors JE at (	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 following 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 liability company: Families	come First, LLC	
2. (a) Principal office address of limited liability compar	ny: 2113 w pelon D	R
(Note: MUST BE STREET ADDRESS)	citrus sprins FL 3	4434
(b) Mailing address of limited liability company:	some as ab	We
(Note: MAY BE POST OFFICE BOX)		
2/18/10 3. Date of filing/registration in Florida	<u>Llooooo18678</u> 4. Document number ≥	<u> </u>
5. (a) Registered Agent and Registered Office shown or	F	E I
Registered Agent:	Jessice Burs	多5万
Registered Office Address:	2113 W Devon DR Citrus sprapos FC 341	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	EW Registered Office address	7
NEW Registered Agent:		
<u><b>NEW</b></u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	108 B South ApopKa A	
	IMPRIESS	,FL <u>34450</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the reg ntical. Or, in the case of a Flori s) was/were authorized by an af erwise provided in the articles o	istered office
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my paper 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	agree to act in this capacity. I roper and complete performand sosition as registered agent as p werely reflect a change in the res ny has been notified in writing o	further agree to ee of my duties, rovided for in gistered office of this change.
Source Barret		

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