## 2100000026627

(Requestor's Name)	
(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:	
A. LUNT	
JUL - 7 2010	
EXAMINER	



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	Lopez Law, LLC
Name of L	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	!
Ana M. Lopez	
Name of Person	
Lopez Law, LLC	
Firm/Company	
2816 East Robinson St.	ي المالية
Address	
	And the second s
Orlando, Florida 32803	
City/State and Zip Code	
,	
alonez@lonezlaw hiz	
alopez@lopezlaw.biz E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter	er, please call:
Ana M. Lopez	at ( 407 ) 719-3351
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	tananasse, i fortaa 52517
Enclosed is a check for the following	g amount:
\$25 Filing Fee	
TXID23 rining ree	\$55 Filing Fee & Certified Copy
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. Lopez Law, LLC 1. Name of the limited liability company: (a) Principal office address of limited liability company: Note: MUST BE STREET ADDRESS 2816 East Robinson St Orlando, Florida 32803현급 (b) Mailing address of limited liability company: PUDDION ST (Note: MAY BE POST OFFICE BOX) Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Ana M. Lopez 2352 Livel Blossom Ce. Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: 2816 E. Robinson St. (MUST BE FLORIDA STREET ADDRESS) Orlando FL **32803** 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. of a member or authorized representative of a member 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. ignature of Registers

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