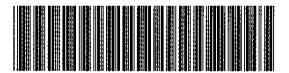
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| (Requestor's Name) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bus | siness Entity Nan | ne) |
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| (Document Number) | | |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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2012 JAN 18 PH 2: 42
SECRETARY OF STATE

C. LEWIS

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | er e e e e e e e e e e e e e e e e e e | | |
|---|---|--|--|
| 7 | | | |
| | Consulting and Research LLC | | |
| Name of Li | mited Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Of | fice Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning the | nis matter to the following: | | |
| | | | |
| Linda J. Young | | | |
| Name of Person | | | |
| Young Statistical Consulting and Rese | arch LLC | | |
| Firm/Company | , | | |
| 13414 NW 19th Place | | | |
| Address | , | | |
| Gainesville, El. 32606 | · | | |
| Gainesville, FL 32606 City/State and Zip Code | | | |
| Young Stat Consulting@gmail.co | am | | |
| Young.Stat.Consulting@gmail.com E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Linda Vauna | 004 0400 | | |
| Linda Young Name of Person | at (352) 281-6469 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 | Talialiassee, Florida 32314 | | |
| Enclosed is a check for the following amount: | | | |
| \$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: Young Stat | istical Consulting and Research LLC |
|--|--|
| 2. (a) Principal office address of limited liability compan | y: 13414 NW 19th Place |
| (Note: MUST BE STREET ADDRESS) | Gainesville, FL 32606 |
| (b) Mailing address of limited liability company: | 13414 NW 19th Place |
| (Note: MAY BE POST OFFICE BOX) | Gainesville, FL 32606 |
| May 3, 2010 3. Date of filing/registration in Florida | L100000473646 4. Document number |
| 4 | 3E = F |
| 5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address: | MARTELLO LAW GROUP LC 11 NW 33RD CT. SUITE 206 GAINESVILLE, FL 32607 |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: |
| NEW Registered Agent: | LINDA J. YOUNG |
| NEW Registered Office Address: | 13414 NW 19TH PLACE |
| (MUST BE FLORIDA STREET ADDRESS) | GAINESVILLE ,FL32606 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s 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 | lorida street address of the registered office |
| Linder TYoung Printed or typed name of signee | _ |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office y has been notified in writing of this change. |
| Signature of Begistered Agent | |

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

1.