

L10000050353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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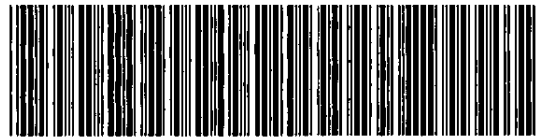
(Business Entity Name)

(Document Number)

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10 MAY 24 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
MAY 25 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAW OFFICE OF TOUSSAINT & HALL, 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:

ANDREA O'CONNOR-HALL

Name of Person

LAW OFFICE OF TOUSSAINT & HALL, LLC

Firm/Company

P.O. BOX 880671

Address

PORT ST. LUCIE, FL 34988

City/State and Zip Code

OCONNORHALL@AOL.COM

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

For further information concerning this matter, please call:

ANDREA O'CONNOR-HALL

Name of Person

at ( 772 )

475-3787

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 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: LAW OFFICE OF TOUSSAINT & HALL, LLC

2. (a) Principal office address of limited liability company: 8497 SOUTH US 1

☒ (Note: **MUST BE STREET ADDRESS**) PORT ST. LUCIE, FL 94952

(b) Mailing address of limited liability company: P.O. BOX 880671

☒ (Note: **MAY BE POST OFFICE BOX**) PORT ST. LUCIE, FL 34988

05/11/2010

3. Date of filing/registration in Florida

4. Document number L10000050353

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

Registered Agent: ANDREA O'CONNOR-HALL

Registered Office Address: 8495 SOUTH US 1,  
SUITE 12  
PORT ST. LUCIE FL, 34952

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address: 8497 SOUTH US 1  
**(MUST BE FLORIDA STREET ADDRESS)** PORT ST. LUCIE, FL 34952

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.

Natchia Jules Toussaint  
Signature of a member or authorized representative of a member

NATCHIA JULES-TOUSSAINT

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, I hereby confirm that the limited liability company has been notified in writing of this change.*

Andrea O'Connor-Hall  
Signature of Registered Agent

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