## L10000064876

(Requestor's Name)		
(Address)		
(Address)		
` <i>,</i>		
(City/State/Zip/Phone #)		
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AUG - 8 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lawyer Network, LLC Name of Limit	red Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Bryan A. Kutchins, Esquire  Name of Person	
Kutchins & Associates Firm/Company	
3974 Tampa Road, Suite A Address	2011 AUG -5 SECRETARY TALLAHASSE
Oldsmar, LF 34677 City/State and Zip Code	ARY OF STATE ASSEE, FLORIDA
kutchins@msn.com  E-mail address: (to be used for future annual report notification)	·•-
For further information concerning this matter, p	
Bryan A. Kutchins at (	(813 ) 855-4663 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 an	nount:
\$25 Filing Fee	\$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.

agein, or com, in the state of 1 to that	
1. Name of the limited liability company: Lawyer N	etwork, LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	28870 U.S. Highway 19 North, #336 Clearwater, FL 33761
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	28870 U.S. Highway 19 North, #336 Cleawater, FL 33761
06-17-2010	L10000064876
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Gary C. Dolan
Registered Office Address:	213 Carroll Street Co
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	Bryan A. Kutchins
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Kutchins & Associatess 3974 Tampa Rd., Suite A Oldsmar, ,FL 34677
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 idealiability 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 registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Edward L. Bielak	
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 p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in acrely reflect a change in the registered office my has been notified in writing of this change.