## L1000065848

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SECRETARY OF STATE

FEB 1 7 2012 EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	KIRKNER, P.L. Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
DONALD P. DECORT	
Name of Person	<del></del>
DECORT & KIRKNER, P.L. Firm/Company	<del></del>
215 W. VERNE STREET, SUITE A Address	
TAMPA, FL 33606 City/State and Zip Code	
DON@DECORTKIRKNERLAW.COM E-mail address: (to be used for future annual report notification)	<del>,</del>
For further information concerning this matter, pleas	e call:
DON DECORT at (	813 ) 254-0156  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 amou	nt:
\$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.

1. Name of the limited liability company:	DECORT & KIRKNER, P.L.
2. (a) Principal office address of limited liability compa	any: 215 W. VERNE STREET, SUITE A
(Note: MUST BE STREET ADDRESS)	TAMPA, FL 33606
(b) Mailing address of limited liability company:	215 W. VERNE STREET, SUITE A
(Note: MAY BE POST OFFICE BOX)	TAMPA, FL 33606
06/21/2010	L100000658482
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept State:
Registered Agent:	LAW OFFICE OF DONALD P DECORT, P. F.
Registered Office Address:	115 S. FIELDING AVENUE
	SUITE 3 TAMPA, FL 33606
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  LAW OFFICE OF DONALD P DECORT, P. P.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	215 W. VERNE STREET, SUITE A
	TAMPA ,FL <u>33606</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 id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability composition.  Signature of a member or authorized representative of a member  DONALD P. DECORT  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 and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. Thereby confirm that the limited liability comp	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote therwise provided in the articles of organization any.
Signature of Registered Agent	