

L1 00000075869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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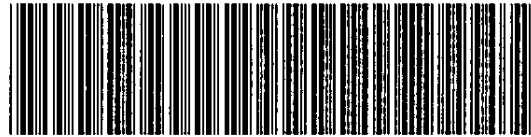
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 13 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2010

BARBARA WOLFE  
777 S. FLAGLER DRIVE  
STE. 800 WEST TOWER  
WEST PALM BEACH, FL 33401

SUBJECT: THE WOLFE LAW FIRM, P. L.L.C.  
Ref. Number: L10000075869

We have received your document for THE WOLFE LAW FIRM, P. L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 410A00019292

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Wolfe Law Firm, P.L.L.C.  
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:

Barbara J. Wolfe  
Name of Person

The Wolfe Law Firm, P.L.L.C.  
Firm/Company

777 South Flagler Dr, Suite 800 West Tower  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

thebestdefense@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara J. Wolfe at (561) 385-9933  
Name of Person 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: The Wolfe Law Firm, P.L.L.C.  
2. (a) Principal office address of limited liability company: 777 So. Flagler Drive  
☒ Suite 800 West Tower  
West Palm Beach, FL 33401  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  
☐ (Note: **MAY BE POST OFFICE BOX**)

7/14/10  
3. Date of filing/registration in Florida

Same  
L100000075859  
4. Document number

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

Registered Agent:

Barbara J Wolfe

Registered Office Address:

515 N. Flagler Dr.  
Suite 325  
W.P.B. FL 33401

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

**NEW Registered Agent:**

Barbara J. Wolfe

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

777 So. Flagler Dr.  
Suite 800 West Tower  
West Palm Beach, FL 33401

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.

Barbara J Wolfe  
Signature of a member or authorized representative of a member

Barbara J. Wolfe  
Printed or typed name of signer

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.

Barbara J Wolfe  
Signature of Registered Agent

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