L10000107263

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
	L				
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ.			
		Name of Limited	Liability Company
Dear S	är or Madam:		
The ci	elosed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please	return all correspondence concernin	ng this matter to the	e following:
David	Jacobson		
	Name of Person	<u> </u>	
Gracie	LLC		
	Firm/Company		
PÔ Bo	x 18404		
	Address		
Татра	. FL 33679		
	City/State and Zip Co	de	
-	son53@gmail.com		
1	E-mail address: (to be used for future	e annual report not	ification)
For fu	rther information concerning this ma	tter, please call;	
David	Jacobson	813 at (731-1653
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	wing amount:	
	■ \$25 Filing Fee	D	\$55 Filing Fee & Certified Copy

4.

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Pursuant to the provisions of sections 605,0114 or 605,0116, 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.

Na	me of the limited liability company:				
(a)	3825 Henderson Blvd Ste 100, Tampa, FL 33629	(b) PO I	Box 18404, Tampa, FL 33679		
()	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	(,	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)		
	10/10/2010	1,1000	0107263		
	Date of filing/registration in Florida S &S Land Services Inc.	4.	Document number		
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 308 E Dr. Martin Luther King Blvd				
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> #D	<u>ET ADDRESSI</u>	TALLAHA		
(b)	Tampa	FL			
	Jacord Limited Partnership				
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
	3825 henderson Blvd.		5		
	NEW Registered Office Address:				
	Suite 100				
	Tampa,	FL			
inge ent v s/we	imited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida fimited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	laws of the State the registered offi l liability compan- rs of the limited li	of Florida, it is hereby confirmed that after the ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
Ŧ		David Jaco	bson for Law Group Holdings LLC		
Tena	ture of a member or authorized representative of a member		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 605, F.S. Or, if this document is being filed to merely referr a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

PRegistered Agent 11.00.00

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

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