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K. SALY EXAMINER

SEP 14

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Campbell Law Firm PLLC Name of Limited Liability Company							
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:							
Dennis M. Campbell, Esq. Name of Person							
Campbell Law Firm PLLC Firm/Company							
201 Alhambra Circle, Suite 602							
Coral Gables, PL 33/34							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Denni's M. Campbell at (305) 444-6040 Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section							
Division of Corporations Division of Corporations							
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314							
Tallahassee, Florida 32301							

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

1. Name of the limited liability compa	ny: <u>Campt</u>	ell i	Law F	1rm P	LLC	
2. (a) 201 Alhambra CI		(b)		Alham		de
Principal office address of limite (Note: MUST BE STRE	ed liability company:	. ,	_	address of limite		
Suite 602	OT NOOKESS)			602	I OI I ICE BO	<i>ა</i> /
Coral Gables,	PC 33134		Coral	4 able	5, pc 3.	3134
3. Date of filing/registration	0		L100	001a534	08	
		4.	Docu	ment number		
5. (a) Robert A.	Weiss Esa	•				•
Registered Agent and Registered Office	shown on the records of the	Florida Dep	t. of State:	 2	1 S	.seege**
118 North E	gadsen Stre	ret		,	SE SE	ة ة مست
Registered Office Address (MUST E	E FLORIDA STREET AD	DRESS)			芸芸	
Suite 20	0				2016 SEP 12 FF	
Tallahassee	FI	3230	1-1500	f	17.75 17.75 17.75	<u> </u>
	, 1 42				92	ယူ
(b)					草	Ca
Enter name of <u>NEW Registered Agent</u>						
Dennis M. C.	ampbell, Es	sg./(Campbe	ell Lau	/Firmf	PLLC
NEW Registered Office Address:	a Circle, 8m	te 60	02-			
Coral Gab	たろ , FL	33/34	<i>ł</i>			
If the limited liability company is not org the change or changes are made, the Floi agent will be identical. Or, in the case o was/were authorized by an affirmative verthe articles of organization or the operation of the operation of a member of authorized representation.	rida street address of the fa Florida limited liabilite of the members of the ng agreement of the ling	le registere ility compa the limited mited liabil	ed office and tany, it is herell liability comlity company.	the business of by confirmed t pany or as other	fice of the re hat the changerwise provide	gistered ge(s)
I hereby accept the appointment as regiprovisions of all statutes relative to the parties of the obligations of my position as register to merely reflect a change in the register notified in writing of this change.	stered agent and agree proper and complete pe red agent as provided f red office address I her	to act in the strong action to	his capacity. e of my duties, oter 605, F.S. m that the lin	I further agre , and I am fam Or, if this doo nited liability o	e to comply v iliar with and cument is bei company has	vith the d accept ng filed been
Signature of Registered Agent	cuple!					
Division of C	wnostiones B.O. De	(237 - T	allahaassa E	T 22214		

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