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## **COVER LETTER**

TO: Registration Section Division of Corporations	
	ssociates, Attorneys at Law, P.L. of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
J.W. Taylor	
Name of Person	
Taylor & Associates, Attorneys a	at Law, P.L.
20 3rd Street SW, Suite #	<del>‡</del> 209
Winter Haven, FL 338 City/State and Zip Code	80
ctaylor@taylorattorneys E-mail address: (to be used for future annual rep	net on notification)
For further information concerning this m	natter, please call:
Julie Revell	at ( <u>863</u> ) <u>875-6950</u>
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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tananassee, Florida 32314
Enclosed is a check for the follo	wing 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.

Name of the limited liability company:	Associates, Attorneys at Law, P.L.
2. (a) Principal office address of limited liability compan	y: 20 3rd Street SW
(Note: MUST BE STREET ADDRESS)	Suite #209 Winter Haven, FL 33880
(b) Mailing address of limited liability company:	20 3rd Street SW
(Note: MAY BE POST OFFICE BOX)	Suite #209 Winter Haven, FL 33880
January 7, 2011	L11000002933
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	J.W.Taylor
Registered Office Address:	507 Hamilton Shores Court NE Winter Haven, FL 33881
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	20 3rd Street SW Suite #209 Winter Haven ,FL 33880
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  J.W. Taylor  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.  Signature of pregisters Agent	_

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