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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 2 8 2011

EXAMINEF

COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Jeffrey, Scott of Associates "LLC". Name of Limited Liability Company
Dear Sir or Madam: Ternny Hampton!
The enclosed Registered Agent Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeffrey Scott Gaddis
Name of Person
Jeffrey, Scott a Associates, "LLC"
az ur zoth Nous
Address
Fort Lauderdale, FL, 33304. City/State and Zip Code
TS Gaddis 1 @ Vahoo. Com Email address: (to be used for futher annual report notification)
For further information concerning this matter, please call:
Soft Gaddis at 984 288 - 2915 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
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times \text{\$\sigma}\$ \$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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW Registered Office Address:** 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 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. Signature of a member or authorized representative of a member 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 dutas, 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. istered Agent

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