111000067431

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Bocument Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only
B. KO

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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Name of			c, LLC lity Con		
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office	Change	and fee	e(s) are submitted for filing.	
Please	e return all correspondence concerning	g this n	natter to	the foll	lowing:	
	Christopher M. Galeta				The Contract of the Contract o	
	Name of Person			_		
	reame of recison				المراجعة الم	
	Robinson & Galeta, LLC					
	Firm/Company				D.	
					ŕ	
	40044404114	242				
	1201 U.S. Highway One, Suit	e 210				
	Address					
	North Palm Beach, FL 334	ΩR				
	City/State and Zip Code	-				
E	cgaleta@robinsongaletalawmail address: (to be used for future annual report	COM notificati	on)			
			,			
For fu	arther information concerning this ma	tter, ple	ase call	l:		
	Christopher M. Coleta		504		050 0400	
	Christopher M. Galeta Name of Person	at (_	561		659-6100	
	Name of Person			Area Con	e & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MA	ALING	ADDRESS:	
Registration Section Division of Corporations Clifton Building			Registration Section			
			Division of Corporations P.O. Box 6327			
	Tallahassee, Florida 32301					
	Enclosed is a check for the following	ing am	ount:			
	\$25 Filing Fee		S5	55 Filing	g 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:	يے Legal Doc, LLC	<u>, 3 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
2. (a) Principal office address of limited liability compar	1y: 8631 S.E. Somers	et Island Way		
(Note: MUST BE STREET ADDRESS)	Jupiter, FL 33458	HASS 72		
(b) Mailing address of limited liability company:	8631 S.E. Somerset	Island Way		
(Note: MAY BE POST OFFICE BOX)	Jupiter, FL 33458	A PER		
06/08/2011	L11000067431	l		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept.	of State:		
Registered Agent:	Abbas Rabiei	Abbas Rabiei		
Registered Office Address:	8631 S.E. Somerset Island Jupiter, FL 33458	Way		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	Christopher M. Galeta 1201 U.S. Highway One, Suite 210			
(MUST BE FLORIDA STREET ADDRESS)	North Palm Beach	,FL33408		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address of the regination. The case of a Florid is the case of a Florid is was/were authorized by an afferwise provided in the articles of the cast of the cas	stered office a limited		
Christopher M. Galeta Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am jamiliar with and accept the obligations of my pand I am jamiliar with and accept the obligations of my pand I am jamiliar with and accept the obligations of my pand I am jamiliar with a language of the pand I am jamiliar the limited liability compand address. I hereby continued the limited liability compand	agree to act in this capacity. I fi roper and complete performance osition as registered agent as pr verely reflect a change in the reg ny has been notified in writing oj	urther agree to of my duties, ovided for in istered office this change.		

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