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## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	Law Office of Judith B. Paul, LLC					
Sobulci.	Name of Limited Liability Company					
Dear Sir or N	Madam:		•			
The enclosed	d Registered Agent/Registered Offic	ce Change	and fee(s) are submitted for filing.			
Please return	all correspondence concerning this	s matter to	the following:			
Judith B. F	Paul, Esq.					
annon-manuscription and control to the account to the	Name of Person	•	<del></del>			
The Law C	Office of Judith B. Paul					
	Firm/Company		<del></del>			
4040 W. N	lewberry Rd. Suite 1500					
	Address	·		140 SEU		
Gainesville	e, FL 32607			14 OCT 20 PM 1:33 SEUMARSET " STATE ALL WHARSET" FLORIC		
	City/State and Zip Code	<del></del>		o P		
Judy@JBPaulLaw.com						
E-mail	address: (to be used for future annual	ual report	notification)	33 RIDA		
For further is	nformation concerning this matter,	please call	:	-		
Judith B. F	Paul	352 at (	872-5911			
	Name of Person	(	Area Code & Daytime Teleph	none Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the following	amount:				
<b>≥</b> \$:	25 Filing Fee	Ç	\$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 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. Na	me of the limited liability company:	ce of Judith	B. Paul, LLC
2. (a)		(b)	ž.
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	4040 W. Newberry Rd. Suite 1500		
	Gainesville, FL 32607		
	July 1, 2011	L11	000069673
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Marilyn Cangro Belo, Esq.		
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDA STREET) 4728 W. University Ave. Suite H	ADDRESS)	
	Gainesville .F	22607	TALLAH SECULAR
(b)	Michelle Farkas, Esq.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
	NEW Registered Office Address:		33 PRIDE
	2114 NW 40th Terr. Suite C-2	· · · · · · · · · · · · · · · · · · ·	
	Gainesville, FL	<sub>L</sub> 32605	
the cha agent v was/wi the arti Signa I here provisi the obl to meri notified	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and completely reflect a change in the registered office address, let in writing of this charge.	of the registered iability compared the limited elimited liabil and the first present of the pre	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  3. Paul  Printed or typed name of signee  his capacity. I further agree to comply with the