

| (Requestor's Name) | | |
|---|---|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| Office Use Only | | |



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Ed DiMarco Professional Services, LLC Name of Limited Liability Company

Dear Sir or Madam:

۱.

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ed Di Marco Name of Person

Ed DiMarco Professional Services, LLC

Firm/Company

417 Corbett St, Address

Clearwater, FL 33756

City/State and Zip Code

Ed@EdRealty.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ed Di Marco Name of Person 727)

at (

492-3645

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:



\$55 Filing Fee & Certified Copy

| Pursuant to the provisions of sections 608.416 or 608.2 liability company submits the following statement in ord agent, or both, in the State of Florida. | 508, Florida Statutes, the undersigned limited ler to change its registered office or registered | |
|--|---|--|
| 1. Name of the limited liability company:Ed DiMarco Professional Services, LLC | | |
| 2. (a) Principal office address of limited liability compan | y: 417 Corbett St | |
| (Note: MUST BE STREET ADDRESS) | Clearwater, FL 33756 | |
| (b) Mailing address of limited liability company: | 417 Corbett St, | |
| (Note: MAY BE POST OFFICE BOX) | Clearwater, FL 33756 | |
| 08/23/2011 | L11000096959 | |
| 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: | UNITED STATES CORPORATION AGE | |
| Registered Office Address: | 13302 WINDING OAK COURT, SUITE A TAMPA FL 33612 US | |
| | <u> </u> | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address : | | |
| NEW Registered Agent: | Ed Di Marco | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 417 Corbett St. | |
| | Clearwater ,FL 33756 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the limit does not the business office of the registered contract will be identicated to be added as the second contract will be identicated as the second contract of the second contrac | Florida street address of the registered office | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

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 vote 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

Ed Di Marco

Printed or typed name of signee

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 duties, 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. Co V m

Signature of Registered Agent

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

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BOTH FOR LIMITED LIABILITY COMPANY