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SECRETARY OF STATE
ANALYSSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations	
SUBJECT: Law Offices of Powers Sellers & Fi	nkelstein, PLC.
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Amanda Powers Sellers	
Name of Person	
Law Offices of Powers Sellers & Finkelstein, F	PLC.
Firm/Company	
1465 S. Fort Harrison Ave., Ste. 202	TALL SEC
Address	AND BE TO
Clearwater, FL 33756	ANG 26 PM 2: 51
City/State and Zip Code	PR 2
info@psffirm.com	ATE 5
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Amanda Powers Sellers 7	27 531-2926
Name of Person	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 amoun	t:
<b>☑</b> \$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 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:	Powe	rs Se	ellers 8	& Finkelstein, PLC.
2. (a)	1465 S. Fort Harrison Ave., Ste. 202	(b	146	35 S. F	Fort Harrison Ave., Ste. 202
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0	, <del></del>		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Clearwater, FL 33756	_	Cle	arwate	er, FL 33756
	09/29/2011	_	 L110	00011	1639
3.	Date of filing/registration in Florida	4.		Г	Document number
5. (a)	Amanda Powers Sellers				
J. (u)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept.	of State:	
	6344 Roosevelt Blvd., Ste. B				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2		SECRI TALLA
	Clearwater , FL	33760			FILE MG 26 ANASSE
<b>(</b> K)	Amanda Powers Sellers				
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	dress:		CORNER 2:51
	1465 S. Fort Harrison Ave.				•
	NEW Registered Office Address:				
	Ste. 202				
	Clearwater, FL	33756			
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regine bility contains the lim	stered ompan oited l	office by, it is iability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
X	MOS	Jer	ına F	inkels	tein
1	ure of a member or authorized representative of a member		_		Printed or typed name of signee
provist the obl to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	rertorm	ance i	ot mv di	uties, and I am familiar with and accept

Signature of Registered Agent