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| (Re | equestor's Name) | | | |
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| (Address) | | | | |
| (Ac | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | MAIT | MAIL | | |
| (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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SECRETARY OF STATE
TALLABASSEE, FLORIDA

B. BOSTICK
SEP 1 1 2012
EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--------|--|---|------------|----------|-----------------|
| SUBJ | | W GROUP, LLC | | | |
| DODO | | d Liability Company | | | |
| Dear | Sir or Madam: | | | | |
| The e | nclosed Registered Agent/Registered Office | Change and fee(s) are submitted for fili | ng. | | |
| Please | return all correspondence concerning this m | natter to the following: | | | |
| | GEORGE FRANCIS | | | | |
| | Name of Person | | | | |
| | FLA LAW GROUP, LLC | | | | |
| | 4003 NW 5TH DRIVE | | 5 . | د | |
| | Address DEERFIELD BEACH, FL 33442 City/State and Zip Code | | LLAHASSE | 2 SEP 10 | ALAST PERSON |
| E | ERANCISCI AWOGMAIL COM | on) | E FLORID | PH 3: 09 | |
| For fu | rther information concerning this matter, ple | ase call: | <i>₽</i> | | |
| | GEORGE FRANCIS at (_ | 786 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 amo | ount: | | | |
| • | □ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | | |
| INHS18 | (5/08) | | | | |

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. FLA LAW GROUP, LLC 1. Name of the limited liability company: FLA LAW GROUP, LLC 2. (a) Principal office address of limited liability company: 1801 S. OCEAN DRIVE STE J (Note: MUST BE STREET ADDRESS) HALLANDALE BEACH, FL 33009 FLA LAW GROUP, LLC (b) Mailing address of limited liability company: 1801 S, OCEAN DRIVE STE J (Note: MAY BE POST OFFICE BOX) HALLANDALE BEACH, FL-33009 10/03/2011 L11000112985 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: GEORGE FRANCIS Registered Agent: FLA LAW GROUP, LLC Registered Office Address: 1801 S, OCEAN DRIVE STE J HALLANDALE BEACH, FL-33009 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: GEORGE FRANCIS **NEW** Registered Office Address: FLA LAW GROUP, LLC <u>r---:</u>: (MUST BE FLORIDA STREET ADDRESS) 4003 NW 5TH DRIVE 1:1: -DEERFIELD BEACH 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 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 Printed or typed name GE DRGE FRANCIS 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.

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

Signature of Registered Agent