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J. SAULSBERRY **EXAMINER**

MAY 3 0 2012

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	JECT:	30-A Professional Services,LLC Name of Limited Liability Company
		· ····································
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Pleas	e return all correspondence c	oncerning this matter to the following:
		•
	Patricia Hav	/kins
	Name of Person	
	30-A Professional S	ervices,LLC PALCE PROPERTY OF TABLES PROPERTY OF TA
	Firm/Company	ervices,LLC LAHASSEE
		SAR Z
	19 Kally \A	The South
	18 Kelly W Address	lay To The
	Address	27.5
		32580
	Valparaiso, FL	32580
	City/State and Zip	Code
		•
	30ancs@oma	il.com
Ī	30apcs@gma -mail address: (to be used for future a	nnual report notification)
For f	urther information concernin	g this matter, please call:
	Patricia Hawkins	at (<u>850</u>) <u>221-4075</u>
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADD	RESS: MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circl	
	Tallahassee, Florida 32301	- was ever community is a variable of the time.
	Enclosed is a check for the	ne following amount:
	\$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 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.

1. Name of the limited liability company:	30-A Professional Services,LLC	
2. (a) Principal office address of limited liability co	mpany: 18 Kelly Way	
(Note: MUST BE STREET ADDRESS)	Valparaiso, FL 32580	
(b) Mailing address of limited liability company:	18 Kelly Way	
(Note: MAY BE POST OFFICE BOX)	Valparaiso, FL 32580	
11-21-2011	L11000131903	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:	
Registered Agent:	Timothy Bolduc	
Registered Office Address:	128 Holmes Blvd. NW SA No. 1	
(b) Enter name of NEW Registered Agent and/o	or NEW Registered Office address	
NEW Registered Agent:	Patricia Hawkins	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	18 Kelly Way	
(MUST BE TECKIDA STREET ADDRESS	Valparaiso ,FL32580	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or a or the operating agreement of the limited liability considerable of a member.	the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote s otherwise provided in the articles of organization	
Timothy J. Bolduc	, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, 	
Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, increby confirm that the limited liability considered of Resistered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.	