

H12000073653

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SNELL LEGAL  
Account Number : I20050000126  
Phone : (386) 677-3232  
Fax Number : (386) 677-6770

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE  
LEGACY ASSISTANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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2012 SEP 14 AM 11:06  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. LUNT

SEP 17 2012

EXAMINER

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Legacy Assistance, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Heather Bragg

Name of Person

Snell Legal

Firm/Company

160 East Granada Boulevard

Address

Ormond Beach, Florida 32176

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Bragg

Name of Person

at ( 386 )

677-3232

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:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATE OF FLORIDA  
TALLAHASSEE  
2012 SEP 14 AM 11:06  
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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: Legacy Assistance, LLC

2. (a) Principal office address of limited liability company: 900 N. Swallowtail Dr. Unit G-107

(Note: MUST BE STREET ADDRESS)

Port Orange, FL 32129

(b) Mailing address of limited liability company:

3366 Caterina Drive

(Note: MAY BE POST OFFICE BOX)

New Smyrna Beach, Florida 32168

June 1, 2012

3. Date of filing/registration in Florida

L12000073653

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

American Safety Council, Inc.

Registered Office Address:

5125 Adanson Street

Suite 500

Orlando, Florida 32804

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Snell Legal

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

160 East Granada Boulevard

Ormond Beach, FL 32176

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.

*Joe Pecchio*

Signature of a member or authorized representative of a member

JOE PECCHIO

Printed or typed name of signer

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.

Signature of Registered Agent

*Joe Pecchio*

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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