L12000075174

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

INHS18 (5/08)

TO: Registration Section Division of Corporations
SUBJECT: Condono PLLC 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:
Trease return an correspondence concerning this matter to the following:
Matthew C. Condono
Name of Person
Condono PLLC
Firm/Company
285 Uptown Boulevard #715
Address
Altamonte Spgs, FL 32701
City/State and Zip Code
condonogroup@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at () Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\square\$ \$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.

#715 Altamonte Springs, FL32701
same
L12000075174
4. Document number
on the records of the Florida Dept. of State
Matthew C. Condono, MGR
285 uptown boulevard #715 altamonte springs. FL 32701
IEW Registered Office address:
Matthew C. Condono. CEO
Same .FL
d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

Signature of Legistered Agent

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