<u> 1/200/17/12</u>

(Requ	estor's Name)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Udell Associates 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:		
Janet Udrll Name of Person		
Udell Associates LLC Firm/Company		
1950 Ringling boulevard #403		
Sava sota FL 34236 City/State and Zip Code		
Junet a wealthen on ment Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (94) 951 - 0443 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 & Certified Copy		

INHS18 (2/14)

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.

L. Na	ime of the limited liability company:UdelASSOCIATES_LLC
2. (a)	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	1950 Kingling Boule vard #403 1950 Kingling Boule vord #403
	1950 Kingling Boulevard #403 Sarasota FL 34236 Sarasota FL 34236
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Udell, Jonet
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
. b/c	1858 Kingling bouleward # 200
	Savasota FL 34230
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	· 5
(NEW Rogistered Office Address:
	1950 Ringling Douleward 7403
	<u>Davasota</u> FLFL 34236
the cha agent v was/wo	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Siena	pur of a member or authorized representative of a member Druce State Druce Printed or typed name of signee
I here, provisi the obl to mer notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
.,,gnath	

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