Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRAPLIN PERC

Account Number : 120070000020

: (813)435~3176

Phone Fax Number

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY TAEL AHASSEE, FLORIDA

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the understance limited liability company submits the following statement in order to change its registered affice or registered agent, or both, in the State of

	me of the limited liability company:		315 C	CROSSWINDS DR.
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (·	Mailing address of limited liability company: (Note: MAI BE POST OFFICE BOX)
	PALM HARBOR, FL 34683		PALM	1 HARBOR, FL 34683
	11/19/2012		L1200	0145896
	Date of filing/registration in Florida	4.	,	Document number
(a)	THE LAW OFFICES OF NICK SPRADLIN, P	LC		
(44)	Registered Agent and Registered Office shown on the records of the 18952 NORTH DALE MABRY HWY	Florid	a Dept. of	State:
	Registered Office Address GAUNT RE FLORIDA STREET AUSUITE 102	PRES	20	
	LUTZ FL	3546	}	-
(b)	GREGORY LESNIEWSKI			
147	Enter name of NEW Registered Agent and/or NEW Registered C	filge è	dress:	*
	315 CROSSWINDS DR.			
	NEW Registered Office Address:			
	PALM HARBOR	468	3	
etta ent v e/we	imited liability company is not organized under the lawings or changes are made, the Florida street address of tivili be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the li	of the regulity of the line	state of istered of company, mited liab	fice and the business office of the registe it is hereby confirmed that the change(s) filty company or as otherwise provided in
e de la constante	ture of a member or authorized representative of a member			Printed or typed same of signee
-	by accept the appointment as registered agent and agre one of all snatures relative to the proper and complete p leations of my position as registered agent as provided tly reflect a change in the registered office address, I hi I in writing of this change	er to ac erform	i in this of the control of the cont	sepacity. I further agree to comply with the sepacity of the s