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COVER LETTER

TO: Registration Section Division of Corporations	A see the second
SUBJECT: KEN LUBERGER Name of Limited	PLLC Liability Company
	,
Dear Sir or Madam:	et a comment of the c
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Name of Person	
Firm/Company	A Section of the Control of the Cont
16858 TOLEDO BLADE BLVD Address	
POIT (NALLOTTE F/ 33954) City/State and Zip Code	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
KEN LUBELGER at (94)	1 585-7150 Area Code & Daytime Telephone Number
Number of Telebon	1
	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
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.

1. Na	me of the limited liability company: KEN	LUBERGER PLLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of lin	nited liability company:
	16858 TOLEDO BLADE BLVD	16858 TOLEDO	BLADE BLVD
	PORT CNARLWHE FL 33954	Post ciarlutte	fl 33954
	JANUARY 11, 2013	113000006	270
3.	Date of filing/registration in Florida	4. Document numb	er
5. (a)	UNITED STATES CORPOYATION Ab	ENTS INC.	
	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:	
	Registered Office Address	DDRESSI	<u> - </u>
	13302 WINDING CAKS (ourl	善顯 。
	TAINDA ,FL	3361)	14 MOV 24
	O. 3	- <u>-</u>	
(b)	Stephanie Luberger		# 12:15 FM 12:15
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	
			ា ់
	NEW P. L. LOW ALL		
	NEW Registered Office Address: 16858 Tolcdo Blade Bliz	\mathcal{U}	
	Port Charlotte , FL	33954	
If the li	mited liability company is not organized under the law	s of the State of Florida, it is hereby	confirmed that after
the char	nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial	the registered office and the business	s office of the registered
was/we	re authorized by/an affirmative vote of the members of	the limited liability company or as	otherwise provided in
the artic	cles of organization of the operating agreement of the l	imited liability company.	BEDGED
Signat	ure of a member or authorized representative of a member	Printed or typed na	me of signee
I harat	ny account the approintment as registered again and agree	ne to act in this canacity. I further a	aree to comply with the
provision (he obli (to mere	grations of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have a supply this change.	performance of my duties, and I am j for in Chapter 605, F.S. Or, if this ereby confirm that the limited liabili	amiliar with and accept document is being filed ty company has been
Signatur	e of Registered Agent		

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