

L13 0000 16007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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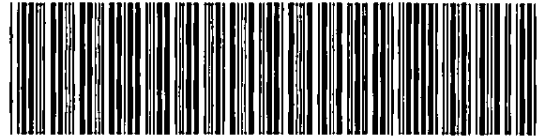
(Business Entity Name)

(Document Number)

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2019 SEP -3 AM 10:48  
STATE DEPT OF S ME  
TALLAHASSEE, FL 32304

SULKER  
SEP 13 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L.A. Perkins Law Firm 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:

L.A. Perkins  
Name of Person

L.A. Perkins Law Firm PLLC  
Firm/Company

5301 North Federal Highway, Suite 110  
Address

Boca Raton, Florida 33487  
City/State and Zip Code

lperkins@perkinspershes.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L.A. Perkins at ( 561 ) 910-8923  
Name of Person 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

**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. Name of the limited liability company: L.A. Perkins Law Firm PLLC

2. (a) 5301 North Federal Highway, Suite 110  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Boca Raton, Florida 33487

(b) 5301 North Federal Highway, Suite 110  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Boca Raton, Florida 33487

3. 01/31/2013 Date of filing/registration in Florida

4. L13000016007 Document number

5. (a) Perkins, L.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3839 NW Boca Raton Blvd.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 200  
Boca Raton, FL 33431

(b) Perkins, L.A.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
5301 North Federal Highway  
**NEW Registered Office Address**:  
Suite 110  
Boca Raton, FL 33487

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STATE OF FLORIDA  
TALLAHASSEE

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.

Signature of a member or authorized representative of a member

L.A. Perkins, Manager 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 605, 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