

# L1300025298

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BRICKLEMYER LAW GROUP, P.L.  
Account Number : I20160000028  
Phone : (813)229-7700  
Fax Number : (813)255-2714

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JUN -8 PM 3:06

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: clayton@bricklawgroup.com

**LLC REGISTERED AGENT CHANGE  
BRICKLEMYER LAW GROUP, P.L.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bricklemyer Law Group, P.L.

\_\_\_\_\_  
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:

Clayton Bricklemyer

\_\_\_\_\_  
Name of Person

Bricklemyer Law Group, P.L.

\_\_\_\_\_  
Firm/Company

601 N. Ashley Drive, Suite 700

\_\_\_\_\_  
Address

Tampa, FL 33602

\_\_\_\_\_  
City/State and Zip Code

clayton@bricklawgroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clayton Bricklemyer

813

229-7700

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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. Name of the limited liability company: Bricklemyer Law Group, P.L.
2. (a) 601 N. Ashley Drive, Suite 700  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Tampa, FL 33602
- (b) 601 N. Ashley Drive, Suite 700  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Tampa, FL 33602

3. 02/18/2013  
Date of filing/registration in Florida
4. L13000025298  
Document number

5. (a) K. Clayton Bricklemyer  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1304 S. DeSoto Avenue  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 304  
Tampa, FL 33606

- (b) K. Clayton Bricklemyer  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
601 N. Ashley Drive  
**NEW Registered Office Address**:  
Suite 700  
Tampa, FL 33602

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TALLAHASSEE, FLORIDA

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. On 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]  
Signature of a member or authorized representative of a member

K. Clayton Bricklemyer  
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]  
Signature of Registered Agent

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