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COVER LETTER

Division of Corporations	
Eric Boles Law Firm P.L.L.C SUBJECT:	> .
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Eric P. Boles	
Name of Person	·
Eric Boles Law Firm, P.L.L.C.	
Firm/Company	
3102 West Waters Avenue, Suite #201	
Address	
Tampa, Florida 33614	
City/State and Zip Code	
ericboles@ericboleslaw.com	
E-mail address: (to be used for future ann-	ual report notification)
For further information concerning this matter,	please call:
Eric P. Boles	813 933-7700
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

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

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.

(a)			b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		
	3102 West Waters Avenue, Suite #201		3102 West Waters Avenue, Suite #201		
	Tampa, Florida 33614		Tampa,	Florida 33614	
	07/08/2013	96449			
(n)	Date of filing/registration in Florida Eric P. Boles	4.		Document number	
(a)	Registered Agent and Registered Office shown on the records	s of the Florie	la Dept. of Stat	ee:	
	Registered Office Address (MUST BE FLORIDA STREET 3105 West Waters Avenue, Suite #300	ET ADDRES	<u>:S)</u>	-	
	Tampa	FL_33614	1	_	201
(b)	Eric P. Boles				2019 337, 17
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	
					7
	NEW Registered Office Address:			-	Ę.
	3102 West Waters Aveune, Suite #201			_	10
	Tampa	FL_33614	1		
e cha ent w as/we	mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the memberless of organization or the operating agreement of the second control of the case.	s of the reg d liability c rs of the lir	istered offici ompany, it i nited liabilit	e and the business off s hereby confirmed the v company or as other	fice of the registerate the change (s

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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.

Printed or typed name of signee

Signature of a member or authorized representative of a member

Signature of Registered Agent