

(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations							
SUBJECT:	PURDOM ASSOCIATES LLC						
	Name of Limited Liability Company						
Dear Sir or N	Aadam:						
The enclosed	l Registered Agent/Registered Office (	Change and fe	e(s) are submitted for filing.				
Please return	all correspondence concerning this m	atter to the fo	llowing:				
MARK D F	PURDOM						
<del>_</del> .	Name of Person						
PURDOM	ASSOCIATES LLC						
	Firm/Company		•				
16230 AM	ETHYST KEY DR						
	Address		•				
WIMAUMA	A, FL 33598						
	City/State and Zip Code						
MARK.PU	RDOM@YAHOO.COM						
E-mail a	address: (to be used for future annual r	eport notifica	tion)				
For further in	formation concerning this matter, plea	se call:					
MARK D P	URDOM	813 . (	545-0757				
	Name of Person		Area Code & Daytime Telephone Number				
Regis Divis Clifte 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle massee, Florida 32301	Regisi Divisi P.O. E	tration Section on of Corporations Box 6327 hassee, Florida 32314				
Enclo	osed is a check for the following amo	ount:					
<b>▼</b> \$2:	5 Filing Fee	□ \$55 I	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.	Na	me of the limited liability company: PURDOM AS	SOCIATE	ES LLC		
2. (a	a)	PURDOM ASSOCIATES LLC	(b)	PURDOM ASSOCIATES LLO	)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		16230 AMETHYST KEY DR	1	16230 AMETHYST KEY DR		
		WIMAUMA, FL 33598		VIMAUMA, FL 33598		
		01/08/2014	L1	4000004155		
3.		Date of filing/registration in Florida	4.	Document number		
5. (	a)	MARK D PURDOM				
,		Registered Agent and Registered Office shown on the records of the PURDOM ASSOCIATES LLC	he Florida De	pt. of State:		
		Registered Office Address (MUST BE FLORIDA STREET A. 400 CARILLON PKWY, SUITE 140	DDRESS)		77	
			33716		019:SEP 30	77
(b	" _	MARK D PURDOM  Enter name of NEW Registered Agent and/or NEW Registered C  PURDOM ASSOCIATES LLC	SSEE, FLORID	30 AM 10: 3	FILED	
		NEW Registered Office Address:		<i>&gt;</i>	_	). }
		16230 AMETHYST KEY DR				
		WIMAUMA	33598			
the clagent was/vithe are Sign I her or ithe o	han wer rtic natu rebisión blis rel	mited liability company is not organized under the laws age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of less of organization or the operating agreement of the liable of a member or authorized representative of a member of a member as of all statutes relative to the proper and complete particles of my position as registered agent as provided by reflect, a change in the registered office address. I he in writing of this charge.	he register bility comp the limited liab	ed office and the business office of any, it is hereby confirmed that the liability company or as otherwise ility company.  D PURDOM  Printed or typed name of signer this congains. I further correct to an	f the ree chan provi	egistered ge(s) ded in

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