L14000070749

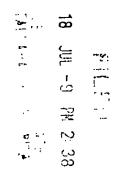
(Requestor's Name)							
(Address)							
(Address)							
(Cit	ry/State/Zip/Phone	e #)					
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

Office Use Only



500315406565

07/09/18--01030--019 **25.00



LE 12 2008 S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	LAW OFFICES OF CYNTHIA M CLARK, PLLC					
., 0 13.11		of Limited I	Liability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offic	e Change and	d fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the	e following:			
CYN'	THIA M. CLARK					
	Name of Person					
LAW	OFFICES OF CYNTHIA M. CLARK	(
	Firm/Company					
677 N	N WASHINGTON BLVD					
	Address					
SAR	ASOTA, FL 34236					
	City/State and Zip Code					
CIND	Y@CMCLARKLAW.COM					
Ī	E-mail address: (to be used for future annu-	al report noti	fication)			
For fu	rther information concerning this matter, p	dease call:				
CYN	THIA M CLARK	941 _at (444-5958			
	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	R D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
	Enclosed is a check for the following a	mount:				
	☑ \$25 Filing Fee	U 8	S55 Filing Fee & Certified Copy			
INHST	8 (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.

I. Na	me of the limited liability company: LAW OFFICE					
2. (a)	LAW OFFICES OF CYNTHIA M. CLARK	(ъ) L	.AW OF	FICES OF C	YNTHIA M. CLARK
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	. / _		Mailing address of I	imited liability company: POST OFFICE BOX)
	677 N WASHINGTON BLVD		6	77 N W	ASHINGTON	
	SARASOTA, FL 34236		SARASOTA, FL 34236			
		_	_	. <u> </u>	· · · · · · · · · · · · · · · · · · ·	
	05/01/2014		L1	400007	70749	
3.	Date of filing/registration in Florida CYNTHIA M. CLARK	4.			Document num	ber
5. (a)	Registered Agent and Registered Office shown on the records of the	the Floric	da De	nt. of State	- e:	
	2801 FRUITVILLE RD			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 220			- - - - - -		
	SARASOTA	34237	7		-	
(b)	CYNTHIA M. CLARK					-9 F
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddre	<u>ss</u> :	_	<i>a</i> . 79
	677 N WASHINGTON BLVD			ည်းက် လ စ		
	NEW Registered Office Address:				-	
		<u>-</u>			-	
	SARASOTA	34236	6			
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the the regability confither the lindited	e St gister comp mite Hiab	red office cany, it is d liability con	e and the busine s hereby confirm y company or as npany. CLARK	ss office of the registered ned that the change(s) s otherwise provided in
I herei provisi the obl to mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I i I in writing of this change.	vee to ac perform d for in hereby c	et in nand Che conf	this cape we of my e opter 605 irm that	Printed or typed n acity. I further i duties, and I am 5. F.S. Or, if thi, the limited liabi	agree to comply with the

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00

Signature of Registered Agent