Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

LLC REGISTERED AGENT CHANGE LAW OFFICES OF JASON P RAMOS PLLC

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:LAW	OFFICES OF JASON P RAMOS PLLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Patricla Reyes	
Name of Person	۱ در٠
InCorp Services, I	nc.
Firm/Company	
3773 Howard Hughes Pkwy	., Suite 500S
Address	
Las Vegas, NV 89169	9-6014
City/State and Zip C	lode
documents@incorp	
E-mail address: (to be used for futt	ire annual report notification)
For further information concerning this r	natter, please call:
Patricia Reyes	at (800 _) 245-2677 ext 6806
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRES 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 follower	lowing amount:
☑ \$25 Filling Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	
	I

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. N	ame of the limited liability company: $oldsymbol{ extstyle }$	WOFFICE	S OF	JASON P RAM	OS PLLC			
2. (a)	_			(b)				
	Principal office address of limited liabili (Note: MUST BE STREET ADD	ty company: RESS)			ling address of limite Note: MAY BE POS			
	950 S Tamiami Trl Ste 100			950 S Tam	iami Tri Ste 100			
	Sarasota, FL 34236			Sarasota, F	L 34236			
	05/05/2014			L140000729		r ,		
3.	Date of filing/registration in F	lorida i	4.	ם	ocument number	1 2	•	
5. (a)	UNITED STATES CORPORATION					1		
J. ()	Registered Agent and Registered Office shown							
	13302 Winding Oak Court A					حر`		
	Registered Office Address (MUST BE FLO	RIDA STREET	ADDR	<u>ESS)</u>		\Rightarrow		
	Tampa	, F	١.	33612				
		···································						
(b)	InCorp Services, Inc.		_					
	Enter name of NEW Registered Agent and/or	NEW Registers	<u>d Office</u>	address:				
	17888 67th Court North							
	NEW Registered Office Address							
	Loxahatchee, FL 33470							
	Loxahatchee	, F	L	33470				
sign Sign I her provi the old to me	limited liability company is not organize lange or changes are made, the Florida st will be identical. Or The case of a Florida extra atthorized by an affirmative vote of ticles of organization of the operating against the operating against the operating against the appointment as registered extra of all statutes relative to the proper oligations of my position as registered against vertically of this change.	reet address of the members reement of the member and and complete the member and and complete the member as providing address, and conditions are address.	if the r liability of the e limit gree to e perfo led for I hereb	y company, it is limited liability ed liability comp lason Paul Rar	hereby confirmed company or as of pany. nos Printed or typed name city. I further agricultes, and I am fan F.S. Or, if this do no limited liability	that the cherwise p	change(s) provided in	
		Litanaa D ()	Dor 6	327a Tallahass	oo EL 32314			