# #<u>15000048224</u>

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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| Office Use Only                         |  |  |  |  |  |



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RECEIVED

June 17, 2015

CO-COUNSEL LLC. DANIEL E. RAGLAND II 3471-A PALM CITY SCHOOL AVE, STE. 7 PALM CITY, FL 34990

SUBJECT: CO-COUNSEL LLC Ref. Number: L15000048224

We have received your document for CO-COUNSEL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Salv Regulatory Specialist II

Letter Number: 415A00012684

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

TO: Registration Section Division of Corporations

Co-Counsel LLC.

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:

Daniel E. Ragland II

Name of Person

Co-Counsel LLC.

Firm/Company

3471-A Palm City School Avenue Suite 7

Address

Palm City, FL 34990

City/State and Zip Code

cocounselllc@gmail.com

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

For further information concerning this matter, please call:

# Daniel E. Ragland II

Name of Person

् 323-8662

772

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

# 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.

| Na  | ame of the limited liability company:  | LC.   |   |   |
|---|--|---|---|---|
| 2. (a)  | 3471-A Palm City School Avenue Suite 7   | 0   | 3471-A  | Palm City School Avenue Suite   |
| . (•)   | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)   |   |   | Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX)   |
|   | Palm City, FL 34990  |   | Palm Cil  | ity, FL 34990   |
|   | March 17, 2015   |   |   | 48224   |
| <b>3</b> .  | Date of filing/registration in Florida   | -<br>4.                                       |   | Document number   |
| 5. (a)  | Crystal D. Potts, Esq.   |   |   |   |
| , (a)   | Registered Agent and Registered Office shown on the records of   | the Florid                                    | a Dept. of Stat   | ite:  |
|   | 3471-A Palm City School Avenue Suite 7   |   |   |   |
|   | Registered Office Address (MUST BE FLORIDA STREET A  | ADDRES  | <u>S)</u>   | - 2015  |
|   | Palm City, FL  | 34990   |   | FILL ARASSEE  |
| (b)   | Crystal D. Potts, Esq.   | - 14 - 1 - 1                                  |   |   |
|   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u><br>3<br>10280 S.W. Village Center Drive #227  | Office at                                     | ldress:   | FLORING L   |
|   | NEW Registered Office Address:   |   |   | _   |
|   | Port St. Lucie   | 34987   |   |   |
| he cha<br>agent was/w<br>was/w<br>he aft<br>Signa<br>I here<br>provis<br>the ob | imited liability company is not organized under the lay<br>ange or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited li-<br>ere authorized by an affirmative vote of the members of<br>idles of organization or the operating agreement of the<br>will be identical or the operating agreement of the<br>interest of a member or authorized representative of a member,<br>by accept the appointment as registered agent and agr<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I<br>d in writing of this change. | the reg<br>ability c<br>of the lin<br>limited | istered offic<br>ompany, it i<br>nited liabilit<br>liability cor<br><i>(Lin'c</i> | ce and the business office of the register<br>is hereby confirmed that the change(s)<br>ity company or as otherwise provided in<br>mpany.<br>$2 \int \frac{1}{169} \left( \frac{1}{69} \right) \frac{1}{69} \left( \frac{1}{69} \right) \frac{1}{69} \frac{1}{69}$ |

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

Signature

egistered Agent