1/19/2018



Division of Corporations

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 : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

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Email Address:_

LLC REGISTERED AGENT CHANGE OUTLAW & COMPANY FAMILY OFFICE, LLC

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Corporate Filing Menu Electronic Filing Menu S. WARREN

JAN 22 2018

INHS18 (2/14)

COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	OUTLAW & COMPANY FAMILY OFFICE, LLC						
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The encl	osed Registered Agent/Registered Offic	e Change and fe	ee(s) are submitted for filing.				
Please re	turn all correspondence concerning this	matter to the fo	ollowing:				
			:				
Cheye	nne Moseley		_				
	Name of Person		_				
Legalz	oom.com, Inc.		_				
	Firm/Company						
101 N.	Brand Blvd., 10th Floor						
	Address		_				
Glenda	ale, CA 91203						
	City/State and Zip Code						
	Outlaw03@gmail.com		_				
E-	mail address: (to be used for future annual	ual report notific	cation)				
For furt	her information concerning this matter,	please call:					
Cheye	nne Moseley	800	773-0888 ext 9724 Area :lode & Daytime Telephone Number				
	Name of Person	\	Area Lode & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ALING ADDRESS: gistration Section ision of Corporations D. Box 6327 lahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	□ \$25 Filing Fee	□ \$5	5 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.

Name of the lim	ited liability company: OUT	TLAW & CO	MPAN'	/ FAMILY	OFFICE, LLC		
a)Princips	al office address of limited liability c	ompany;	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
1245 HEV	VLETT PLAZA #252		. 12	45 HEVV	LETT PLAZA	#232	
HEWLET	Γ, NY 11557		<u>н</u>	EWLETT	, NY 11557		<u> </u>
09/04/201	5		L1:	50001490	392		
Date	of filing/registration in Flori-	da	4.	Di	ocument number		
`			53	ı			
Registered Age	nt and Registered Office shown on the	he records of the	Florida De	ы, of State:			
_	JESSE A						
Registered Off		DA STREET AU	DRESS)				18
7141 NW	45TH COURT						
	HILL	. FL 3	3319			: -	
			3.				19
Enter name of	NEW Registered Agent and/or NE	W Registered O	office address	<u></u>			AH 9:
UNITED S	STATES CORPORATION	N AGENTS	, INC			- 종류	00
=	red Office Address:						
13302 W	NDING OAK COURT, SI	UITE A					
TAMPA		FL_3	3612				
thange or change at will be identify were authorized	ty company is not organized to test are made, the Florida stree cal. Or, in the case of a Florid by an affirmative vote of the lization or the operating agree 2 Durban or authorized representative of a magnetic productive	t address of the limited liab members of the li	ne register fility committee firmited list	cany, it is b d liability of dity comp	nereby confirmed company or as others.	that the cherwise p	henge(s)
gnature of a membe	r or authorized representative of a n	rember		(rinted or typed name		
visions of all sta obligations of n nerely reflect a d iffed in writing of	apportant as register a titles relative to the proper of the proper of the proper of the proper of this change. CHEYENDE MOSELEY, ASSISTAL 2 STATES CORPORATION AGENTS.	nd complete p Las provided Laddress, I h NT SECREVARY	performant for in Cha creby conf	this capac ce of my du upter 605, irm that th	itv. I further agr uies, and I am fai F.S. Or, if this de e limited Habilty	ree to com miliar wit ocument is company	ply with to h and acco s being fil phas been
naure of Registered	l Agent		-				