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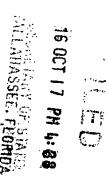
(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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Special Instructions to	Filing Officer:				
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COVER LETTER

Registration Section

TO:

INHS18 (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.

1. Na	me of the limited liability company: _ Eloquerk	Appe	eal, PI	LC_			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		2687 M	Wotern; lailing address of lir	nited liabil	lity con	
	Orange Park, FL 32073		Ovov	rge Park	, FL 3	20	73
2	Date of filing/registration in Florida	4.		5000(72		•	
3.5. (a)	United States Corporation Agen Registered Agent and Registered Office shown on the records of the				oer		
	Registered Office Address (MUST BE FLORIDA STREET A)	Suite	A				
(b)	Tampa , FL Paulette M. Jones Enter name of NEW Registered Agent and/or NEW Registered Co				SEARCHAN)	16 OCT 17	h ty speake.
	10635 Avancio Court NEW Registered Office Address:				UF SIMPLE. FLORIDA	PM 4: 68	T T
	Jacksonville, FL	3224	щ				
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registe bility com the limite	ered office pany, it is ed liability	and the busines hereby confirm company or as	s office of ed that the	of the he cha	registered inge(s)
_	hyelfs Olexanden turof a member or authorized representative of a member			Alexander Printed or typed na	er	100	
I here	turg of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided of wreflect a change in the registered office address. I h	e to act ir	n this capa	icity. I further a	gree to d	compl	y with the and accept being filed as been

notified in writing of this change.

Signature of Registered Agent

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision's 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	ame of the limited liability company:E oq	uent Apa	real, PLLC	
	2687 Watermill Drive			termi11 Prive
2. (11)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		Mailing a	address of limited liability company: MAY BE POST OFFICE BOX
	Orange Park, Fr 32073	 	Ovange	Park, Fi 32073
	10/09/15		L1500	10172822
3.	Date of filing/registration in Florida	4.		nent number
5. (a)		Agents, =	Lnc_	
	Registered Agent and Registered Office shown on the reco			
	Registered Office Address (MUST BE FLORIDA STR		<u> </u>	
	Tampa	, FL_ 336	12	
(b)	Paulette M. Jones			
` ,	Enter name of NEW Registered Agent and/or NEW Regi	stered Office addr	ess:	\$ T
	10635 Avancio Court			
	NEW Registered Office Address:			
	Jacksonville	, FL 3220	r4	STA BE
If the li	mited liability company is not organized under t	he laws of the S	tate of Florida, it	is hereby confirmed that after
agent w	nge or changes are made, the Florida street addreyill be identical. Or, in the case of a Florida limitary authorized by an affirmative year of the grant	ted liability con	pany, it is hereby	y confirmed that the change(s)
the artic	re authorized by an affirmative vote of the members of organization or the operating agreement of	of the limited lia	ed natifity comp.	any or as otherwise provided in
1	hyllis Olexander urgot a member or authorized representative of a member		Phyllis Ale	yander or typed name of signee
	up of a member of authorized representative of a member by accept the appointment as registered agent an			
provisie the obli to mere	ons of all statutes relative to the proper and com gations of my position as registered agent as pri ly reflect a change in the registered office addre I in writing of this change.	plete performan ovided for in Ch ss, I hereby con	it ins eapacity. I nce of my duties, in apter 605, F.S. (firm that the limi	jarner agree to compy whit ha and I am familiar with and accept Or, if this document is being filed ited liability company has been
Signatur	e of Registered Agent			