

L16000110107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n BRUCE
AUG 08 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frazier Law Group, PLLC

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:

Amber McConnell

Name of Person

Frazier Law Group, PLLC

Firm/Company

202 S. Rome Ave., Suite 125

Address

Tampa, FL 33606

City/State and Zip Code

amber@frazierbrownlaw.com

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

For further information concerning this matter, please call:

Amber McConnell

Name of Person

at (813)

6038600

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

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TALLAHASSEE, FLORIDA

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**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. Name of the limited liability company: Frazier Law Group, PLLC
2. (a) 202 S. Rome Ave., Suite 125
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Tampa, Florida 33606
- (b) 202 S. Rome Ave., Suite 125
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Tampa, Florida 33606

3. 06/07/2016
Date of filing/registration in Florida
4. L16000110107
Document number

5. (a) Wittstruck, Sally S
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2111 W. Swann Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 204
Tampa, FL 33606

- (b) Wittstruck, Sally S
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
202 S. Rome Ave.
NEW Registered Office Address:
Suite 125
Tampa, FL 33606

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Amber McConnell
Signature of a member or authorized representative of a member

Amber McConnell
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sally S. Wittstruck
Signature of Registered Agent