

L16000124922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

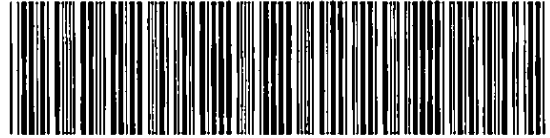
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500314373415

05/11/18--01025--018 \*\*35.00

CALLANASSEE, FLORIDA

2019 JUL -2 A 9:10

21150



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2018

LAWYERASAP, P.L.L.C.  
150 N ORANGE AVE  
SUITE 414  
ORLANDO, FL 32801

SUBJECT: LAWYERASAP, P.L.L.C.  
Ref. Number: L16000124922

We have received your document for LAWYERASAP, P.L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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

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

Dionne M Scott  
Regulatory Specialist II

Letter Number: 018A00012299

RECEIVED

2018 JUL -2 AM 11:44

FLORIDA DEPARTMENT OF  
DIVISION OF CORPORATIONS

*See Attached.  
Thank you!*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lanier ASAP, 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:

Shelley Hogue, ESq.  
Name of Person

Lanier ASAP  
Firm/Company

150 N. Orange Ave, Suite 414  
Address

Orlando, FL 32801  
City/State and Zip Code

Shogue@lanierasap.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Hogue at ( 407 ) 8413-8400  
Name of Person 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

2010 JUL -2 A 9:10  
TALLAHASSEE, FLORIDA

**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: Lanier ASAP PLLC

2. (a) 150 N. Orange Ave, Suite 414 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Orlando, FL  
32801

3. 10/23/15 4. L16000124922  
Date of filing/registration in Florida Document number

5. (a) Alan S. Gassman, Esq.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1245 Court St.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Clearwater, FL 33756

(b) Shelley Hogue, Esq.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

150 N. Orange Ave, Suite 414  
NEW Registered Office Address:  
Orlando, FL 32801

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 of the operating agreement of the limited liability company.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Shelley Hogue  
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.*

\_\_\_\_\_  
Signature of Registered Agent