

L16000202016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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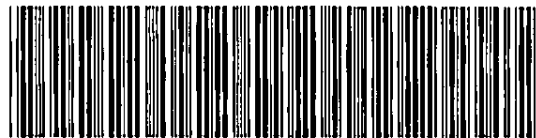
(Business Entity Name)

(Document Number)

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2018 NOV -5 P 4:49
HALL COUNTY, NC

NOV 19 2018

U.S. DISTRICT COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Connie Porter-Richard, PhD, 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:

Constance Porter-Richard
Name of Person

Connie Porter-Richard
Firm/Company

101 Alexander St., Suite 3
Address

Cocoa, FL 32922
City/State and Zip Code

connieporterrichard@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Roach at 727 742-9686
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

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: Connie Porter-Richard Ph.D. LLC
2. (a) 1 Cleander St, #3, Cocoa, FL 32922 (b) PO Box 560875, Rockledge, FL 32956
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 11/02/2016 Date of filing/registration in Florida 4. 116000202016 Document number

5. (a) Gregory Robertson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
4185 South US 1 #102, Rockledge, FL 32955
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) Marc Roach
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1700 66th St. N
NEW Registered Office Address:
#104124
St. Petersburg, FL 33710

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.

Connie Porter-Richard, Ph.D.
Signature of a member or authorized representative of a member

Connie Porter-Richard, Ph.D.
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.

Marc Roach
Signature of Registered Agent

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

IN41818 (2-14)

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