## 216000220796

(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

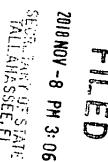
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October 16, 2018

Richard Kozell, Esq. Rick Kozell PLLC 616 SE Dixie Hwy Stuart, FL 34994

SUBJECT: RICK KOZELL PLLC Ref. Number: L16000220796

We have received your document for RICK KOZELL PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 718A00021127

Lyn Shoffstall Bureau Chief

www.sunbiz.org

## COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	Rick Kozell PLLC				
	Name of Limited Liability Company				
Dear Sir or N	√ladam:				
The enclosed	I Registered Agent/Registered Office	e Change and	I fee(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to the	following:		
Richard K	ozell, Esq.				
<del>-</del>	Name of Person		<del></del>		
Rick Kozel	II PLLC				
	Firm/Company				
616 SE Di:	xie Hwy				
	Address		_		
Stuart, FI 3	34994				
	City/State and Zip Code				
rick@koze	II-law.com				
E-mail	address: (to be used for future annua	l report notil	īcation)		
For further in	nformation concerning this matter, pl	ease call:			
Cindy Deve	ereaux	772	2873100		
<del>-</del>	Name of Person		Area Code & Daytime Telephone Number		
Regi Divis Clifi 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	Re Di P.O	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314		
Encl	osed is a check for the following a	nount:			
<b>2</b> \$2	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. Na	ame of the limited liability company: Rick Kozell P	LLC 		
2. (a)	616 SE Dixie Hwy	(b) 616 SE Dixie Hwy		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Stuart FL 34994	Stuar	t FL 34994	
	12/06/16	L1600	0220796	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Richard S. Kozell III	=		
	Registered Agent and Registered Office shown on the records of to C/O Marc R Gaylord P.A.	the Florida Dept, of		
	Registered Office Address (MUST BE FLORIDA STREET)	ZOIB NOV		
	12000 SE Dixie Highway			
	Hobe Sound	33455	W-8 PM	
(b)	Richard S. Kozell Esq.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Rick Kozell PLLC	Office address:	E.F.	
	NEW Registered Office Address:	·	<del></del>	
	616 SE Dixie Hwy			
	Stuart	34994		
the cha agent v was/wa the arti Signal I herel provisi the obl to mere notifice	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agreed ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. The land the proper is change in the registered of the address. The land the proper is the proper and complete is the proper and comp	the registered of ability company, f the limited liability Rick Koze	office and the business office of the registered it is hereby confirmed that the change(s) oility company or as otherwise provided in company.  If Printed or typed name of signee capacity. I further agree to comply with the	

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