

117000074940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

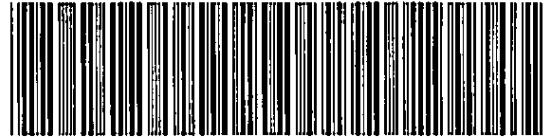
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300324253883

02/08/19--01010--020 **25.00

STATE OF FLORIDA
TALLAHASSEE, FL

2019 FEB - 8 PM 2:15

FILED

116
PRAHE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Willhoit & Touchton, 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:

Hope Touchton
Name of Person

Willhoit & Touchton PLLC
Firm/Company

617 E Colonial Dr.
Address

Orlando, FL 32803
City/State and Zip Code

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

For further information concerning this matter, please call:

Hope Touchton at (407) 310-6351
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: Willhoit & Touchton, PLLC

2. (a) 617 E Colonial Dr., Orlando, FL 32803
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
617 E Colonial Dr., Orlando, FL 32803

(b) 617 E Colonial Dr., Orlando, FL 32803
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
617 E Colonial Dr., Orlando, FL 32803

3. 4/3/2017 Date of filing/registration in Florida

4. L17000074940 Document number

5. (a) Registered Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agents Inc.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
3030 N Rocky Point Dr. Ste 150A
Tampa, FL 33607

(b) Hope Touchton
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Hope Touchton
NEW Registered Office Address:
617 E Colonial Dr.
Orlando, FL 32803

FILED
2019 FEB - 8 PM 2: 15
SECTION 157 OF STATE
TALLAHASSEE, FL

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.

[Signature]
Signature of a member or authorized representative of a member

Hope R. Touchton, Authorized Member
Printed or typed name of signee

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]
Signature of Registered Agent