47000110371

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SECULATIONS SERVICE

MR O & JUZEN

COVER LETTER

TO: Registration Section Division of Corporations	•
Fraud Doctor LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Alexis C. Bell	
Name of Person	
Fraud Doctor LLC	
Firm/Company	
1327 E. 7th Ave, Suite 4	
Address	
Tampa, FL 33605	
City/State and Zip Code	
alexis.bell@fraud-doctor.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, plea	se call:
Alexis C. Bell	813 426-3208 x101
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 Tallahassec, Florida 32314
Enclosed is a check for the following amo	ount:
S25 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.

t. Na	ame of the limited liability company: Fraud Doctor	r LLC		
	•	(b)		
_ , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1327 E. 7th Ave, Suite 4	13	327 E. 7th Ave, Suite 4	
	Tampa, FL 33605	Ta	ampa, FL 33605	
	08/18/2017	L17	7000110371	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	ept. of State:	
	Alexis C. Bell			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1320 East 9th Ave, Suite 103		s: 2 0	
	Tampa, F	L33605	ZO19 JUL 30	
			LAHASSEE	
(b)		1.050	<u>ຸ</u> ້	
	Enter name of NEW Registered Agent and/or NEW Registere	<u>d Office addres</u>		
	Alexis C. Bell		0	
	NEW Registered Office Address:			
	1327 E. 7th Ave, Suite 4		**************************************	
	Tampa F	33605		
the cha agent v was/wa the arti Signa I here provisa the oba to mer-	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the discounty of a member of authorized representative of a member of the accept the appointment as registered agent and agains of all statutes relative to the proper and completely reflect a change in the registered office address, adin writing of this change.	of the register liability composite of the limited liable limited liab Alexis	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. S.C. Bell Printed or typed name of signee at this canacity. I further garge to comply with the	
Signatu	ire of Registered Agent			