

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1118000213960 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

:cT

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZGOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

3

LLC REGISTERED AGENT CHANGE ANTHOLOGY WRITING & COMMUNICATIONS, LECG

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

To. Page 3 of 4

COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	ANTHOLOGY WRITING &	COMMUNICA	ATIONS, LLC	
SCBILCI	Name of Limited Liability Company			
Dear Sir or I	Madam:			
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please return	n all correspondence concerning thi	s matter to the	following:	
Cheyenne	e Moseley			
	Name of Person			
Legalzooi	m.com, Inc.			
	Firm/Company			
101 N. Br	and Blvd., 10th Floor			
	Address		_	
Glendale,	, CA 91203			
***************************************	City/State and Zip Code			
_	nthologywriting.com			
E-mai	l address: (to be used for future and	nual report notif	ication)	
For further	information concerning this matter.	, please call:		
Cheyenne	e Moseley	800	773-0888 ext 9724	
	Name of Person		Area Code & Daytime Telephone Number	
Reg Div Cli: 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building of Executive Center Circle lahassee, Florida 32301	Ro Di P.o	AHAING ADDRESS: gistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314	
En	closed is a check for the following	g amount:		
a :	\$25 Filing Fee	□ s	55 Filing Fee & Certified Copy	
18/11/21/27/1	15			

INHS18 (2/14)

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.

2. (a)	Principal office address of limited liability company:	(p)	Mailing address of limited liability company:
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	229 CEDARWOOD DRIVE	229 CE	EDARWOOD DRIVE
	MAITLAND, FL 32751	MAITL	AND, FL 32751
	03/21/2018	L180000	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	THE CADALL		- SES
5. (a)	Registered Agent and Registered Office altown on the records of	of the Florida Dept. of St	inte:
	229 CEDARWOOD DRIVE		
	Registered Office Address (MUST BE FLORIDA STREE		FILED FILED IN OF
	MAITLAND, 1	FL_32751	
	UNITED STATES CORPORATION AGEN		
(p)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	
	13302 WINDING OAK COURT, SUITE A		
	NEW Registered Office Address:		
	TAMBA		
	TAMPA,	FLOOVIZ	and the state of t
If the	limited liability company is not organized under the range or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	11'-billion nonmonit	it is hereby confirmed that the change(s) if it company or as otherwise provided in
agent	will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membe ticles of organization or the operating agreement of	the limited liability	- v.v.1 A
agent was/v the ar			- v.v.1 A