

W21000127413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

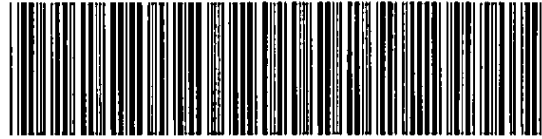
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700383755007

09/21/22--01027--003 **35.00

LLC
RA
CH

SECRETARY OF STATE
BUREAU OF CORPORATIONS

2022 AUG 12 PM 4:06

FILED

AUG 13 2022

D CORWELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2022

PATRICIA LYNN MURPHY
624 3RD AVE S
ST. PETERSBURG, FL 33701

SUBJECT: MURPHY MEDIATIONS LLC
Ref. Number: L21000127413

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 022A00008180

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Murphy Mediations LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Lynn Murphy
Name of Person

Murphy Mediations LLC
Firm/Company

624 3rd Ave S
Address

St. Petersburg, FL 33701
City/State and Zip Code

Lynn@murphy-mediations.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Lynn Murphy at (843) 224-0352
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

*\$35 check previously submitted
(with incorrect form)*

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: Murphy Mediations LLC

2. (a) Murphy Mediations LLC
 Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
624 3rd Ave S
St. Petersburg, FL 33701

(b) Murphy Mediations LLC
 Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
624 3rd Ave S
St. Petersburg, FL 33701

3. 3/18/2021 Date of filing/registration in Florida

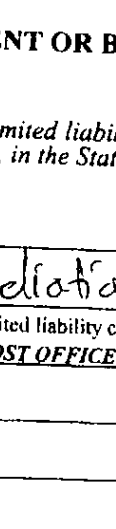
4. L21000127413 Document number

5. (a) United States Corporation Agents Inc.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
United States Corporation Agents Inc.
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
5575 S. Semoran Blvd Ste 36
Orlando, FL 32822

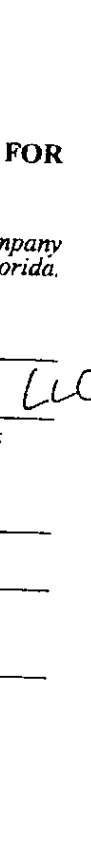
(b) Patricia Lynn Murphy
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Murphy Mediations LLC
NEW Registered Office Address:
624 3rd Ave S
St. Petersburg, FL 33701

FILED
 2022 AUG 12 PM 4:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member
Patricia Lynn Murphy 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.

 Signature of Registered Agent