

L96000000202

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

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

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REGISTERED AGENT CHANGE  
GOULD EVANS ASSOCIATES, P.L.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	<del>\$35.00</del>

\$75.00

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: GOULD EVANS ASSOCIATES, P.L.

2. (a) Principal office address of limited liability company: 5405 WEST CYPRESS  
(Note: MUST BE STREET ADDRESS) SUITE 112

TAMPA, FL 33607

(b) Mailing address of limited liability company: 5405 WEST CYPRESS  
(Note: MAY BE POST OFFICE BOX) SUITE 112

TAMPA, FL 33607

02/21/1996

L96000000202

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

CFRA, LLC

Registered Office Address:

100 S. ASHLEY DR.

SUITE 400

TAMPA, FL 33602

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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)

STEVEN J. CARPENTER  
(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 608, 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.*

By [Signature]  
(Signature of Registered Agent) Corporation Service Company

Sue G. Knight  
as its agent

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

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