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## **COVER LETTER**

TO: Registration Section Division of Corporations

## SUBJECT: Gould Evans Associates L.C.

Name of Limited Liability Company

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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:

Becky Rimmer	
Gould Evans	
Firm/Company	
4041 Mill Street	
Address	an a
Kansas City, MO 64111	
City/State and Zip Code	
becky.rimmer@gouldevans.co	om
For further information concerning this matter, please	call:
Becky Rimmer at (81	6 ,701-5308
Name of Person	Area Code & Daytime Telephone Number
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	t:
\$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 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.
   Associates, P.L.

   2. (a) Principal office address of limited liability company:
   107 S. Franklin Street, Ste 200
   O

   (Note: MUST BE STREET ADDRESS)
   Tampa, PL 33602
   O
  - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

12/18/98

3. Date of filing/registration in Florida

L9600000202

FRIDE

4. Document number

**Corporation Service Company** 

Tallahessee, FL 32301-2525

1201 HAYS STREET

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

Registered Agent:

**Registered Office Address:** 

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

**NEW** Registered Agent:

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

Steven J. Carpenter		

107 S. Franklin St., Ste 200

Tampa

FL 33602

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 nember 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 patients, for my first of the limited liability company has been notified in writing of this change.

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

INHS18 (05/08)