

L99 000000 4620

the Turner Law Firm, L.L.C.
Requestor's Name

100 S. Babcock St., Ste. 400
Address

Melbourne, FL 32901
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) 300003010433--2
-10/08/99--01094--001
*****35.00 *****35.00
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
99 OCT -8 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 24, 1999

THE TURNER LAW FIRM, L.L.C.
700 S. BABCOCK ST., STE. 400
MELBOURNE, FL 32901

SUBJECT: THE TURNER LAW FIRM, L.L.C.
Ref. Number: L99000004620

We have received your document for THE TURNER LAW FIRM, L.L.C., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

There is a fee of \$35.00 due.

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) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 599A00046768

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99 OCT -8 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. The name of the limited liability company is: The Turner Law Firm, L.L.C.
2. The mailing address of the limited liability company is: 700 S. Babcock St.
Suite 400, Melbourne FL 32901
- 7-19-99
3. Date of filing/registration in Florida
- L99000004620
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Christopher A. Layman

Name _____

1499 S. Harbor City Blvd, Ste 201

Address

Melbourne FL 32901

City, State and Zip

6. The name and address of the new registered agent and/or office:

Christopher A. Layman

Name

700 S. Babcock St. Ste 400

Florida street address (P.O. Box **NOT** acceptable)

Melbourne FL 32901

City, State and Zip

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 a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.

(Signature of a member or authorized representative of a member)

Scott A. Turner

(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. 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)

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

INHS18(9/97)

FILING FEE: \$35.00