## 401000002311

	(Requestor's Name)			
	(Address)			
	(Address)			
<del></del>	(City/State/Zip/Phone #)			
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	(Business Entity Name)			
(Document Number)				
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## **COVER LETTER**

Division of Corporations	
CT Services LLC SUBJECT:	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
John Duley, Esq.	
Name of Person	
CT Services LLC	
Firm/Company	
900 Montgomery Street	
Address	
Laurel, MD 20707	
City/State and Zip Code	
jduley@c-t-associates.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	1:
John Duley, Esq. 240	554-6522
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)

## 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.

		(b)		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability co	
				-
	09/25/2001		M01000002311	
	Date of filing/registration in Florida	4.	Document number	
. (a)				
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	of State:	
	Charles A. Tini		<del></del>	
	Registered Office Address (MUST BE FLORIDA STREET	2025 APR SECRER TALLA		
	101 15th Avenue Circle West		— AP	T
	Bradenton	34205	⊒: . 1	Carren
	· ·	L	—	ੀ <i>ਰਾ</i> ਪਣਾਜ਼
(b)			;™; <b>™; ™</b> ;	
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	12: ( FL	
	C T Corporation System		, iii <b>1</b>	
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation F	°L <sup>33324</sup>		
hange	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ie registered offic liability company of the limited lia	ce and the business office of the reg v, it is hereby confirmed that the charability company or as otherwise pro v company.	gistered ange(s) ovided in
as/we			John Dulen E	ر مر ش
ras/we ne arti				-37.
vas/we he arti	ture of a member or authorized representative of a member		Tohn Dulcy, E	-38.