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Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

Office Use Only



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2014 FEB -6 AM 10: 55 SECRETARY OF STATE FALL ANASSEE, FLORIDA

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## . COVER LETTER

Division of Co	porations				
SUBJECT:			si & Associa	- TO	_
	Traine of	Limited	Eldollity Colli	party	
Dear Sir or Madam:					
The enclosed Register	ed Agent/Registered	Office C	hange and fee(	s) are submitted for filing.	
Please return all corres	pondence concerning	g this ma	atter to the follo	owing:	
	atrick R. Foley				
	Name of Person				
	Rossi & Associates, Firm/Company	LLC			
3680 Pleas	ant Hill Road, Suite	∋ 200			
	uluth, GA 30096 /State and Zip Code				
pfo	oley@hfraa.com sed for future annual report				
For further information					
Patrick	R. Foley	at (	770 )	622-9858	
Name of	Person	_ `_	Area Code	& Daytime Telephone Number	_
STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	oorations Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a	check for the followi	ing amo	unt:		
\$25 Filing F	ee		\$55 Filing	Fee & Certified Copy	

TO: Registration Section

## 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.

,	
Name of the limited liability company:	Hill Foley Rossi & Associates, LLC
2. (a) Principal office address of limited liability co	ompany: 3680 Pleasant Hill Road, Suite 200
(Note: MUST BE STREET ADDRESS)	Duluth, GA 30096
(b) Mailing address of limited liability company	3680 Pleasant Hill Road, Suite 200
(Note: MAY BE POST OFFICE BOX)	Duluth, GA 30096
December 31, 2001	M0200000054
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Clarence B. Kennedy
Registered Office Address:	6084 Oak Leafe Circle
	Sebring, FL 33876
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRES)</u>	Northwest Registered Agent LLC 3030 N. Rocky Point Dr. STE 150A 5
Signature of a member or authorized representative of a member  Patrick R. Foley  Printed or typed name of signee	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.
	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in a to merely reflect a change in the registered office company has been notified in writing of this change.  Keen-Manager

7.

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