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Registration Section
Division of Corporations

SUBJECT: DUNBAR MILBY WILLIAMS PITTMAN & VAUGHAN, PLLC Name of Limited Liability Company 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: Myra Homer Capitol Services Registered Agent Department Firm/Company 800 Brazos, Suite 400 Address Austin, Texas 78701 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Myra Homer 800) 345-4647 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$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: DUNBAR N	IILBY WILLIAMS PITTMAN & VAUGHAN, PLL	.C
2. (a) Principal office address of limited liability comp	any: 720 Moorefield Park Drive	
	Suite 301	<u> </u>
(Note: MUST BE STREET ADDRESS)	Richmond, VA 23236	S
(b) Mailing address of limited liability company:		S
(Note: MAY BE POST OFFICE BOX)	F	===
	<u> </u>	NOLLY WILLIAM
2/7/2006	M0600000701 №	515
3. Date of filing/registration in Florida	4. Document number	꽄
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:	Ę
Registered Agent:	CT Corporation System	
Registered Office Address:	1200 South Pine Island Rd	
	Plantation FL 33324	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Capitol Corporate Services, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A	
	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 of a member or authorized representative of a member		
Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp		
Signature of Registered Agent behalf of Capitol Corpo		
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00