Mdv00001743

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC						
	ì	Name of Limited Liability Company				
Dear Sir o	or Madam:					
The enclo	osed Registered Agent/Registered (Office Change and	I fee(s) are submitted for filing.			
Please ret	turn all correspondence concerning	this matter to the	following:			
R REMP						
	Name of Person					
Harbor Co	ompliance					
	Firm/Company					
1830 Cole	onial Village Lane					
	Address					
Lancaster,	PA. 17601					
	City/State and Zip Cod	c				
profession	al@harboreompliance.com					
E-m	nail address: (to be used for future	annual report notif	fication)			
For further	er information concerning this mat	ter, please call:				
R REMP		717	844-6897			
	Name of Person	\	Area Code & Daytime Telephone Number			
R D P	Aailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	nclosed is a check for the follow	ing amount:				
=	\$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
1NHS18 (2	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.

2. (a)	1815 GALLAGHER RD		(b) 1815 GAL	LAGHER RD
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ _		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PLYMOUTH MEETING, PA 19462		PLYMOUTH MEETING, PA 19462	
	03/24/2006		M06000001	743
١.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State	202
	1201 HAYS STREET			2023 OCT
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	
	Suite 4			27 E
(n) ₋	TALLAHASSEE, F	32301		AH 9: 3
	Registered Agents Inc			ü
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	-
				-
	NEW Registered Office Address:			
	NEW Registered Office Address: 7901 4th St N Ste 300			-
		33702		
hange igent v vas/we	7901 4th St N Ste 300	ws of the register ability	ered office and company, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
hange igent v vas/we	St. Petersburg	ws of the registe ability of the limited	ered office and company, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
hange igent v vas/we he arti	7901 4th St N Ste 300 St. Petersburg imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members.	ws of the registe ability of the limited	ered office and company, it is mited liability I liability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
change igent v was/we he arti Signa I heres provisi he obl o mero	St. Petersburg	ws of the register ability of the limited M	ered office and company, it is mited liability I liability com ichael Borellis	If the business office of the registered hereby confirmed that the change(s) we company or as otherwise provided in apany. Printed or typed name of signee weits: I further agree to comply with the

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