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J. SAULSBERRY **EXAMINER** 

AUG 15 2013

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: AL WORKSITE MARKETING, LLC

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:

## TERRY DUNCAN

Name of Person

AMERICAN INSURANCE ADMINISTRATORS, LLC

Firm/Company

2650 MCCORMICK DR STE 200S

Address

CLEARWATER, FL 33759

City/State and Zip Code

TDUNCAN@AIASVCS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## TERRY DUNCAN

at (121

216-0859

Name of Person

Area Code & Daytime Telephone Number

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

# 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: AL WORKSITE MARKETING. LLC  2. (a) Principal office address of limited liability company: 2850 MCCORMICK DR (Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  (c) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  (d) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  (e) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  (f) Milo00008477  (h) Milo00008477  (h) Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Agent: Rowe, James ESQ  (h) Enter name of NEW Registered Agent and/or NEW Registered Office address: (MUST BE FLORIDA STREET ADDRESS)  (h) Enter name of NEW Registered Agent and/or NEW Registered Office address: (MUST BE FLORIDA STREET ADDRESS)  (h) Milo00008477  2850 MCCORMICK DR  CLEARWATER, FL 33759  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: (MUST BE FLORIDA STREET ADDRESS)  (h) Milo00008477  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: (MUST BE FLORIDA STREET ADDRESS)  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: (MUST BE FLORIDA STREET ADDRESS)  (c) MICON MICK DR  CLEARWATER, FL 33759  (c) MILO00008477  (d) Document number  2850 MCCORMICK DR  CLEARWATER, FL 33759  (d) Document number  (e) ADDRESS OF MILON MI		_		
(Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  (DEARWATER, FL 33759)  (DEARWATER, FL 3375	1. Na	me of the limited liability company: AL WORKSITE MARKE	TING, LLC	
(Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  (DEARWATER, FL 33759)  (DEARWATER, FL 3375	2 (a)	Principal office address of limited liability company	• 2650 MCCORMICK DR	3
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)    Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)    MI1000006477	2. (a)			<del></del>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  08/01/2013  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  NEW Reg		(Trotte Med Pad of Made 1 110 of Made )		72
(Note: MAY BE POST OFFICE BOX)  CLEARWATER, FL 337591  CLEARWATER, FL 337591  M11000006477  3. Date of filing/registration in Florida 4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Agent:  Registered Office Address:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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 of 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 the members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company.				ে কৈ
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Registered Agent:  Registered Agent:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Office Address:  NEW Registered Office Address:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  Registered 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 of 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 the members of the limited liability company or as otherwise provided in the articles of organization of the limited liability company.			<del></del>	
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Registered Office Address:  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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 of 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 the members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company.	5. (a)	) Registered Agent and Registered Office shown on t	he records of the Florida	Dept. of State:
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NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  CLEARWATER  (LEARWATER ,FL 33759)  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 of 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 the members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company.	(b)		•	<u>lress</u> :
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TIMOTHY O NORTH	TIMOTH	Y O NORTH		
Printed or typed name of signee			-	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent as provided a Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered address, thereby confirm that the limited liability company has been notified in writing of this chapter of Resident Associations.	aaare	sy, thereby confirm that the timited itability company	gree to act in this capaci oper and complete perfor sition as registered agen rely reflect a change in th has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.

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