

7712 0000002680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

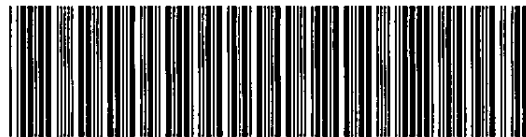
Special Instructions to Filing Officer:

**A. LUNT**

NOV 28 2012

**EXAMINER**

Office Use Only



300241956763

11/26/12--01007--026 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 26 PM 5:06

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DeLuca Ladd & Carroll, 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:

Christopher Elam

Name of Person

DeLuca Ladd & Carroll, LLC

Firm/Company

320 W Kennedy Blvd, Suite 220

Address

Tampa, FL 33606

City/State and Zip Code

chris.elam@dlc-cpa.com

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

For further information concerning this matter, please call:

Christopher Elam

Name of Person

at ( 813 ) 441-9765

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

FILED  
2812 NOV 26 PM 5:06  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

**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: DeLuca Ladd & Carroll, LLC

2. (a) Principal office address of limited liability company: 320 W Kennedy Blvd, Suite 220  
**(Note: MUST BE STREET ADDRESS)** Tampa, FL 33606

(b) Mailing address of limited liability company: 320 W Kennedy Blvd, Suite 220  
**(Note: MAY BE POST OFFICE BOX)** Tampa, FL 33606

05/14/2012

M12000002680

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:

Christopher Elam

Registered Office Address:

27221 STATE ROAD 56, Suite 163  
Wesley Chapel, FL 33544

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW** Registered Agent:

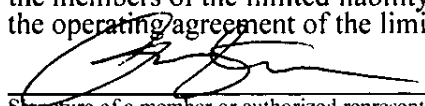
Christopher Elam

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

320 W Kennedy Blvd  
Suite 220  
Tampa, FL 33606

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

Christopher Elam

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**