

From: Justine Karnell
1/3/2017

Fax: (888) 724-8829

To: FLORIDA Change of Agent
Division of Corporations

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MIA000005667
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888) 705-7274
Fax Number : (888) 706-7274

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
PROFESSIONAL DISABILITY ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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17 JAN -3 PM 1:11
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

17 JAN -3 AM 9:05

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Disability Associates, 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:

Margot Mullin

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Margot Mullin

at (888)

705-7274

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

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.

1. Name of the limited liability company: Professional Disability Associates, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
One Monument Square Suite 201
Portland ME 04101

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
One Monument Square Suite 201
Portland ME 04101

3. 10/09/2012 Date of filing/registration in Florida

4. M12000005667 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NRAI Services, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation FL 33324

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

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr., 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

Alphonse Hemond Manager

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 605, 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 Justine Karnell
Assistant Secretary

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

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