

# M13000003029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

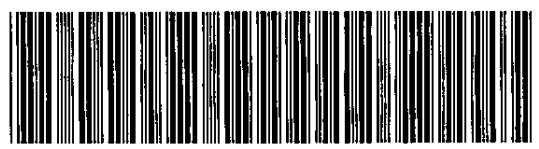
(Business Entity Name)

(Document Number)

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FILED  
2015 JUN -1 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

K. SALY  
EXAMINER  
JUN -8 2015

May 28, 2015

**VIA US MAIL**

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re **FOURNIER, ROBSON & ASSOCIATES, LLC**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$25 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Ryan DeAnda  
REGISTERED AGENT SOLUTIONS, INC.  
1701 Directors Blvd., Suite 300  
Austin, TX 78744

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FOURNIER, ROBSON & 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:

**Ryan DeAnda**

Name of Person

**Registered Agent Solutions**

Firm/Company

**1701 Directors Blvd. Ste. 300**

Address

**Austin, TX 78744**

City/State and Zip Code

**clientservices@rasi.com**

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

For further information concerning this matter, please call:

**Ryan DeAnda**

Name of Person

at ( **888** ) **705-7274**

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, 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: FOURNIER, ROBSON & ASSOCIATES, LLC

2. (a) Principal office address of limited liability company: 354 N PRINCE ST. LANCASTER, PA 17603  
 (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 354 N PRINCE ST. LANCASTER, PA 17603  
 (Note: **MAY BE POST OFFICE BOX**)

05/13/2013

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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: C T CORPORATION SYSTEM

Registered Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

**NEW Registered Agent:** Registered Agent Solutions, Inc.

**NEW Registered Office Address:** 155 Office Plaza Dr.  
**(MUST BE FLORIDA STREET ADDRESS)** 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.

Ronald D. Schaible  
 Signature of a member or authorized representative of a member

Ronald D. Schaible  
 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.*

Asst-Secretary  
 Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
 JUN 11 PM 2:18  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE