

P06000026599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

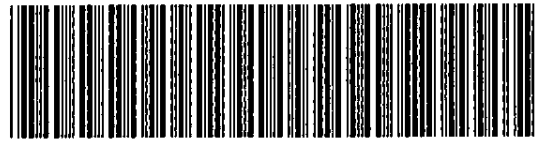
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA Change

~~03-29-12~~

APR 2 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Legal Chamber of Commerce
Name of Corporation

DOCUMENT NUMBER: P06000026599

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Susan M. Bryan
Name of Contact Person

Law Offices of McFarlane & Dolan
Firm/Company

210 North University Drive, 6th Floor
Address

Coral Springs, FL 33071
City/State and Zip Code

sbryan@mcfarlanedolanlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan M. Bryan at (954) 340-0005
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Legal Chamber of Commerce, Inc.

2. The principal office address: 210 North University Drive, 6th Floor, Coral Springs, FL 33071

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02-22-06 Document number: P06000026599

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

William J. McFarlane III

10394 West Sample Road, #201

Coral Springs, FL 33065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William J. McFarlane III

210 North University Drive, 6th Floor

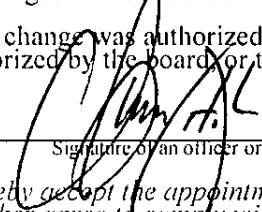
P.O. Box NOT acceptable

Coral Springs, FL 33071

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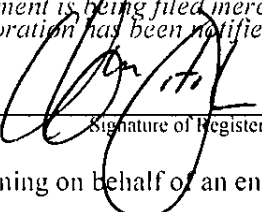
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.


Signature of an officer or director

William J. McFarlane III/President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

03/20/2012
Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****