

L10000072916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

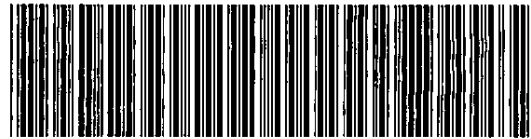
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 OCT 11 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 12 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2010

ANTHONY BLAIR
ZOOM BY PHONE, LLC
5401 SOUTH KIRKMAN RD., SUITE 310
ORLANDO, FL 32819

SUBJECT: ZOOM BY PHONE, LLC
Ref. Number: L10000072916

We have received your document for ZOOM BY PHONE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00021780

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zoom by Phone, 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:

Anthony Blair
Name of Person

Zoom by Phone, LLC
Firm/Company

5401 South Kirkman Rd., Suite 310
Address

Orlando, FL 32819
City/State and Zip Code

blair.anthony@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Blair at (404) 925-2106
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)

Already paid in the amount of \$35.00

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: Zoom by Phone, LLC
2. (a) Principal office address of limited liability company: 5401 South Kirkman Rd.
 (Note: **MUST BE STREET ADDRESS**) Suite 310
Orlando FL 32819

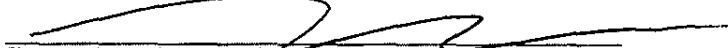
(b) Mailing address of limited liability company: _____
 (Note: **MAY BE POST OFFICE BOX**) _____

3. Date of filing/registration in Florida: 7/11/2010
4. Document number: L10000072916

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Anthony Blair
Registered Office Address: 5401 South Kirkman Rd
Suite 310
Orlando FL 32819

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Anthony Blair
NEW Registered Office Address: 5401 South Kirkman Rd
(MUST BE FLORIDA STREET ADDRESS) Suite 310
Orlando FL 32819

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

Anthony Blair
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

INHS18 (05/08)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA