

M/300000 1095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

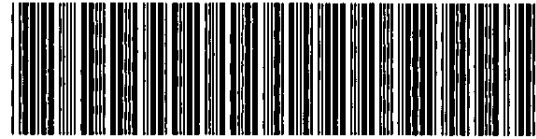
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300253635133

11/19/13--01005--005 \*\*25.00

FILED  
2013 NOV 19 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 20 2013

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Primal Select Services, 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:

Kaitlin L. Pinette, Esq.

Name of Person

Entia, LLC

Firm/Company

1130 Business Center Drive

Address

Lake Mary, FL 32746

City/State and Zip Code

legal@entiaventures.com

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

For further information concerning this matter, please call:

Kaitlin Pinette

Name of Person

at ( 407 ) 952-0166

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 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: Primal Select Services, LLC

2. (a) Principal office address of limited liability company: 1 Lake Morton Drive  
Lakeland, FL 33801  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 1 Lake Morton Drive  
Lakeland, FL 33801  
**(Note: MAY BE POST OFFICE BOX)**

2/19/13

M13000001095

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: HLG Agent Florida, LLC

Registered Office Address: 301 E Pine Street  
Suite 275, Orlando, FL 32801

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

**NEW Registered Agent:** Matt Gabriel

**NEW Registered Office Address:** 1130 Business Center Drive  
**(MUST BE FLORIDA STREET ADDRESS)** Lake Mary, FL 32746

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

Gregory Holifield  
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]  
Signature of Registered Agent

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

FILED  
NOV 19 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA