

H82713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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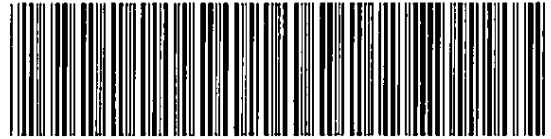
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PHOENIX FOLIAGE, INC.
Name of Corporation

DOCUMENT NUMBER: H82713

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:

JOSEPH C. ROBERTS, IX

Name of Contact Person

PHOENIX FOLIAGE, INC.

Firm/Company

8457 N.W. 66TH STREET

Address

MIAMI, FL 33166

City/State and Zip Code

JOE9@FOREMOSTCO.COM

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

For further information concerning this matter, please call:

JOSEPH C. ROBERTS, IX

Name of Contact Person

at (321) 221-2844

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
DEPARTMENT OF STATE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20520-1200

2023 DEC 28 PM 12:26

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**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: PHOENIX FOLIAGE, INC.

2. The principal office address: 8457 N.W. 66TH STREET, MIAMI, FL 33166

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/28/1985 Document number: H82713

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)

WELLS AND WELLS P.A.

901 PONCE DE LEON BLVD., SUITE 200

CORAL GABLES, FL 33134

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

KEITH L. HAMMOND, P.A.

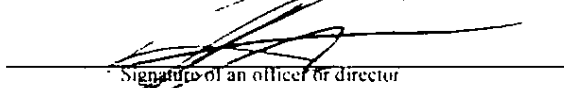
800 CELEBRATION BLVD., SUITE 224

P.O. Box NOT acceptable

CELEBRATION, FL 34747

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.

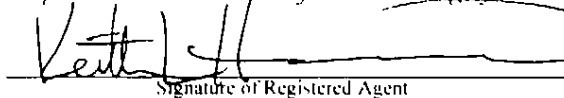


Signature of an officer or director

JOSEPH C. ROBERTS, IX, DIRECTOR

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

DECEMBER 27, 2023

Date

If signing on behalf of an entity:

KEITH L. HAMMOND

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314