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ASSEE FLORIDA

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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PHOENIX ASSET	TS LLC Limited Liability Company)	_	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for fi	ling.	
Please return all correspondence concerning	g this matter to the following:		
MICHAEL DEIGNAN (Name of Person)			
PHOENIX ASSETS L (Firm/Company)	LC		
2370 SOFIA LN (Address)	· · · · · · · · · · · · · · · · · · ·	2006 HAY 10 PH SECRETARY OF S	
PUNTA GORDA, FL (City/State and Zip Code)	33983	2006 HAY IO PM 1: 21 SECRETARY OF STATE ANI AHASSEE FLORIDA	av.
For further information concerning this mat		ע	
MICHAEL DEIGNAN (Name of Person)	at ( <u>941</u> ) <u>766 - 8437</u> (Area Code & Daytime Teleph	_ none 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	ing 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.

agent, or both, in the State	v						
1. The name of the limited	d liability company	is: YHOE	2 <u>A x14</u>	SETS L	<u>LC</u>		·
2. The mailing address of	the limited liability	company is:_	2370	SOFIA	<u>LN.</u>		·,
			PUNTA	GORDA	FL	33	983
1-28-2	004			00000	'		
3. Date of filing/registrati				ent number			
5. The name of the registe Florida Department of S	State:					of the	
	SCHOF	IELD P.	ALLEN	ESQ			
	1429 6	Name Name Oth Que. Address	W.	STE. 300	ı	•	
	BRADENT	DN FL ty, State and Zi	3421 p	Γα			
6. The name and address of					TA'S	201	
	MICHAEL	DEIGNA	W		ECR	2006 HAY 10 PM 1:2	्रायसङ्घ <b>मा</b>
	MICHAEL 2370	Name			HAS	=	General Minnerson
	Florida street addı			table)	SEE YY C	9	
					FS.	主	
	PUNTA City	アドレ State and Zin	5 57	8 2	Y OF STATE SEE.FLORID!		
10.1 11 12 111 1111					1		
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority).	nange or changes are the registered agent reby confirmed that nited liability compant of the limited liab	e made, the Flo t will be identic the change(s) v any or as otherv ility company.	rida street a al. Or, in tl vas/were au	iddress of the he case of a l ithorized by	e registe Florida l an affirn	red offi limited native v	vote
MICHAEL DO							
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registeres s of all statules rela d accept the obligat his document is beil that the limited liab	d agent and agi tive to the prop ions of my posi ng filed to mere bility company i	ree to act in er and com tion as regi ly reflect a ias been no	this capacii plete perfor stered agent change in th tified in writ	ly. I furt mance o as prov ie regist ting of th	her agi f my du ided foi ered of iis chai	ree to rties, r in fice nge.
(Signature of Registered Agent)							

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