

· -					
(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:					
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G. MCLEUD'

JUL 15 2010

EXAMINER



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07/14/10--01009--006 **25.00

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COVER LETTER

TO:	Registration Section Division of Corporations		*			
SUBJI	SUBJECT: Fit Phonic Systems LLC Name of Limited Liability Company					
	Name of t	Jiiiiiicu	Liability	Company	y	
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered C	Office C	Change and	d fee(s) a	re submitted	for filing.
Please	return all correspondence concerning	this ma	atter to the	followin	ng:	
	Eric D. Mason					
	Name of Person					
	Fit Phonic Systems LLC					
	Firm/Company					
	24 Poinciana Way					
***********	Address					
Ponte Vedra Beach, FL 32082						
-	City/State and Zip Code					
	masanmuzik@aal.com					
masonmuzik@aol.com E-mail address: (to be used for future annual report notification)						
:	•			a.	*	
For fur	rther information concerning this matt	er, plea	ise call:		•	
				٠		
	Eric D. Mason	_ at (904)		874-348	
,	Name of Person	÷	Area	i Code & Di	aytime Telephone	e Number
	STREET/COURIER ADDRESS:		MAIL	ING ADD	DRESS:	
Registration Section Registration Sec						
	Division of Corporations		Division of Corporations			
	Clifton Building			ox 6327		
	2661 Executive Center Circle		Tallaha	ssee, Flor	ida 32314	
	Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
•	\$25 Filing Fee	•	\$55 F	iling Fee	& Certified	Сору

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.

Name of the limited liability company:	Fit Phonic Systems LLC					
2. (a) Principal office address of limited liability company	24 Poinciana Way					
(Note: MUST BE STREET ADDRESS)	Ponte Vedra Beach, FL 32082					
(b) Mailing address of limited liability company:	24 Poinciana Way					
(Note: MAY BE POST OFFICE BOX)	Ponte Vedra Beach, FL 32082					
05/20/2004	L04000038633					
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:	Eric D. Mason					
Registered Office Address:	908 Fiddlers Creek Rd. Ponte Vedra Beach, FL 32082					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	W Registered Office address Eric D. Mason 24 Poinciana Way					
(MUST BE FLORIDA STREET ADDRESS)	Ponte Vedra Beach FL32082					
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Finted or typed name of signee Liberary accept the appointment as registered agent and the confirment agent agent and the confirment agent agent and the confirment agent age	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.					
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability comparate	oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.					

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

Signature of Registered Agent