## )00027Le09

00789-00524-0011 form LC not 111C

25.00

(Requestor's Name)  (Address)  (Address)	200061082192
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	11/04/0501003001 <b>**</b> 35.
Special Instructions to Filing Officer:  11 29 21 A CM	



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 8, 2005

ROBERT A. SOKUL 6574 N. STATE ROAD 7, #190 COCONUT CREEK, FL 33073

SUBJECT: PHOENIX ONE ALLIANCE, LLC

Ref. Number: L05000027608

We have received your document for PHOENIX ONE ALLIANCE, 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):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

Please return 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) 245-6967.

Letter Number: 305A00066698

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Phoenix One (Name of Lin	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
ROBERT A SOKUL (Name of Person)	······································	
Phosinix One Allipince, LLC (Firm/Company)		
565 JEFFGRSON DRIVE, # 113 (Address)		
Deartield Back FL 33442 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(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	

## 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. The name of the limited liability company is: Yhorix Ore Alliance, UC.
2. The mailing address of the limited liability company is: 565 JECFENSON DR.
Deenfield Boach FL 33442
1 18 2005 3. Date of filing/registration in Florida LOSO000 27608 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Sokul   Name   Sokul   Name   Sokul   Name   Sokul   Name   Name
6. The name and address of the new registered agent and/or office:    Solution   Solutio
Doenfield BeachFL 33442
City, State and Zip
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)
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, thereby confirm that the limited liability company has been notified in writing of this change.

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