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SECRETARY OF STATE CONVISION OF CORPORATIONS

J. BRYAN

MAY - 6 2008

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations	14
SUBJECT: PRIMARY PHONE	ONE LLC
(Name of Limited I	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
J WARREN HOGHES, 7 (Name of Person)	
DYNAMIC FNUTSTMEN (Firm/Company)	ASION OF CO.
POBIX 98/ (Address)	PH 4: 03
CITY/State and Zip Code)	(D
For further information concerning this matter, pleas	se call:
Juna 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 amou	nt:
\$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 Sliability company submits the following statement in order to change i agent, or both, in the State of Florida.	Statutes, the undersigned limited its registered office or registered
1. The name of the limited liability company is: # RIMARY	- PHONE UNE LL
2. The mailing address of the limited liability company is:	BOX 38/
CIEARWATER, FL 337	151-028/
7/20/05	1500007/678
3. Date of filing/registration in Florida 4. Docum	ent number
5. The name of the registered agent and the registered office address as a Florida Department of State:	shown on the records of the
6. The name and address of the new registered agent and/or office:	√18.00 18.00 14.80
SE ROGERS ST. APT. Florida street address (P.O. Box NOT accep	
C/F ARWATER FL 33757- City, State and Zip	038/ 03
If the limited liability company is not organized under the laws of the St confirmed that after the change or changes are made, the Florida street a and the business office of the registered agent will be identical. Or, in the liability company, it is hereby confirmed that the change(s) was/were and of the members of the limited liability company or as otherwise provide or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member)	adamaa afakataa 1 Tor
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and agree to act in comply with the provisions of all statutes relative to the proper and compand I am familiar with and accept the obligations of my position as regis Chapter 608, F.S. Or, if this document is being filed to merely reflect a address. I hereby confirm that the limited liability company has been not (Simplified Registered Agent)  Division of Corporations, P.O. Box 6327, Tailahass	

FILING FEE: \$25.00

INHS18 (8/05)