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SECRETARY OF STATE STATE OF ST

J. BRYAN

MAY - 6 2008

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations	;	
SUBJECT: PRIMART PHONE	Two LLC	
(Name of Lim	nited Liability Company)	
Dear Sir or Madam:	ice Change and fee(s) are submitted for filing.	
The enclosed Registered Agent/Registered Office		
Please return all correspondence concerning this	is matter to the following:	
J-WARREN HUGHES, 4 (Name of Person)	DRF5	s Tu
DYNAMIC TOUESTMENT (Firm/Company)	75, INC 1844 - 5	SECRETAR SECRETAR IVISION OF C
$POB_{OX} 28/$ (Address)	PH 4: 03	SPORK STA
C/FARWATER, F/ 33757 (City/State and Zip Code)		TIONS
For further information concerning this matter,	please call:	
J WARREN HUGHES as (Name of Person)	at ( <u>737 ) 58/- 9003 18 737- 4/22</u> -2 (Area Code & Daytime Telephone Number	22 <i>8</i> )
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 a	amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

## 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.	
liability company submits the following siquement in order to stange the grant agent, or both, in the State of Florida.	
1. The name of the limited liability company is:	
2. The mailing address of the limited liability company is: POBOX 28/	
CIEARWATER, El 33757-0981	
10/4/05 20500098066	
3. Date of filing/registration in Florida 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:  \[ \int \int \int \int \int \int \int \int	
HOLE JACKSON STAFFT STE. 2400 Address	
TAMPH, FL 33602	
6. The name and address of the new registered agent and/or office:	
Name SS ROBERS ST APT. 204 Florida street address (P.O. Box NOT acceptable)  UF ARWATEL FL. 33756	
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 on 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 508, 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.  (Signature of Registered Agent)	
Division of Corporations, P.O. Roy 6327 Tallahaceae, Ft. 32314	

FILING FEE: \$25.00

INHS18 (8/05)