

LOG 00038216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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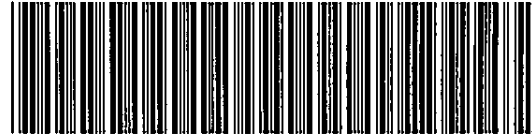
(Business Entity Name)

(Document Number)

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STATE BAR OF TEXAS  
DALLAS COUNTY

FEB 14 2014

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **Modify, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Kelly M. Foster**

Name of Person

**Modify, LLC**

Firm/Company

**1592 Cypress Woods Cir**

Address

**Saint Cloud, FL 34772**

City/State and Zip Code

**KellyFosterSellsHomes@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Kelly Foster**

Name of Person

at ( **321** ) **946-1004**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: Modify, LLC

2. (a) Principal office address of limited liability company: 1582 Cypress Woods Cir.  
**(Note: MUST BE STREET ADDRESS)** Saint Cloud, FL 34772

(b) Mailing address of limited liability company: PO Box 702335  
**(Note: MAY BE POST OFFICE BOX)** Saint Cloud, FL 34770

4/12/08

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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:

Kelly M Foster

Registered Office Address:

1719 Orange View Way  
Saint Cloud, FL 34769

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

1582 Cypress Woods Cir.

Saint Cloud

FL 34772

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.

Kelly M. Foster

Signature of a member or authorized representative of a member

Kelly M. Foster

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Kelly M Foster

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00