

L06000057158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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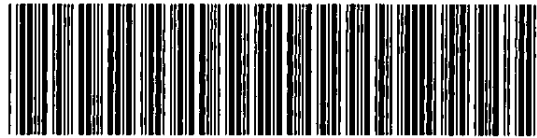
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
08 FEB 13 PM 2:14

T. HAMPTON

FEB 14 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PrimePath Communications, 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:

Jacob Logue
(Name of Person)

PrimePath Communications, LLC
(Firm/Company)

8312 Chickasaw Trail
(Address)

Tallahassee, FL 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacob Logue at (850) 241-8131
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 FEB 13 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 7, 2008

JACOB LOGUE
8312 CHICKASAW TRAIL
TALLAHASSEE, FL 32312

SUBJECT: PRIMEPATH COMMUNICATIONS, LLC
Ref. Number: L06000057158

We have received your document for PRIMEPATH COMMUNICATIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 808A00008186

**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: PrimePath Communications, LLC
2. The mailing address of the limited liability company is: 8312 Chickasaw Trail
Tallahassee, FL 32312
3. Date of filing/registration in Florida June 5th, 2006
4. Document number LOG000057158

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jacob Logue
Name
3981 Spring Creek Hwy
Address
Crawfordville, FL 32327
City, State and Zip

6. The name and address of the new registered agent and/or office:

Jacob Logue
Name
8312 Chickasaw Trail
Florida street address (P.O. Box NOT acceptable)
Tallahassee, FL 32312
City, State and Zip

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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]
(Signature of a member or authorized representative of a member)

Jacob T Logue
(Printed or typed name of signer)

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, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

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