## L0700005/9/3

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SECRETARY OF STATENS
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: PHIGITAL GROUP (Name of Lin	P, LLC nited Liability Company)	
Dear Sir or Madam:  The enclosed Registered Agent/Registered Off  Please return all correspondence concerning th	.,	
TOYOUS GAIL SOSDY (Name of Person)  POTAS LAW FIRM (Firm/Company)  OLIGO S. DAOULAND BY (Address)  MIANI, FL 33156 (City/State and Zip Code)	ESQ. UP OUTEVARD, Ste 1209	DIVISION OF CORPORATIONS  OT JUN 18 PH 1: 35
For further information concerning this matter  TUYUJA (Name of Person)	at (305) 440-4000 (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	

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.

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: 2410 NW W STYLLET ROAD
5\15\20\\ 3. Date of filing/registration in Florida  LO7000519\3 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:
ANN LAW HEN LLY
200 S. BISLATTIE BOULEVARD, Juite 5000
Address  MIAM FI 33131  City, State and Zip  6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
ROJAS LAW FIRM LIP 3 5 5
Plorida street address (P.O. Box NOT acceptable)
Miahal 2215(a
City State and Zin
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)
1 11-11
(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 auties, 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 pereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

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