

W8 000035872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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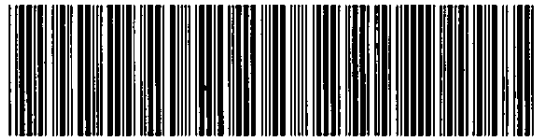
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 29 2009

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: FOX GLOBAL HEALTH LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER FOX

Name of Person

MOBILE SONIX LLC

Firm/Company

499 E. CENTRAL AVE. STE 205

Address

ATLANTA SPRINGS, FL 32701

City/State and Zip Code

JOKE.MOBILESONIX.COM

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

For further information concerning this matter, please call:

JENNIFER FOX

Name of Person

at (407) 339-7717

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Fox GLOBAL HEALTH LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>MOBILE SONIX LLC</u>	<u>499 E. CENTRAL AVE</u> <u>STE 305</u> <u>ALTAMONTE SPRINGS, FL 32701</u>	☒ Add ☐ Remove
<u>MGRM</u>	<u>MICHAEL W. FOX</u>	<u>2071 EAGLES REST DR</u> <u>APOLKA, FL 32712</u>	☐ Add ☒ Remove
<u>MGRM</u>	<u>JENNIFER J. FOX</u>	<u>2071 EAGLES REST DR</u> <u>APOLKA, FL 32712</u>	☐ Add ☒ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JUNE 10, 2009.



Signature of a member or authorized representative of a member

JENNIFER FOX

Typed or printed name of signee