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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: Philipp Family Holdings,	r. Philipp Family Holdings, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	is matter to the following:					
Ryan W. Swanson						
Name of Person						
Ambata						
Firm/Company						
1050 Crown Pointe Pkwy., Ste 95	0					
Address						
Atlanta, GA 30338						
City/State and Zip Code						
ryan@ambata.com						
E-mail address: (to be used for future ann	ual report notification)					
For further information concerning this matter,	please call:					
Ryan W. Swanson	at (404) 856-6682					
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					

· STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

1. Na	ime of the limited liability company: Philipp	Famil	ly	Holdings, Ll	_C	
2. (a)	1050 Crown Pointe Pkwy	((b)	1050 Crown Po	ointe Pkwy	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<u> </u>	` ' /		ss of limited liability con Y BE POST OFFICE B	
	Ste. 950			Ste. 950		
	Atlanta, GA 30338			Atlanta, GA 30338	3	
	12/19/2008		L	.08000117979		
3.	Date of filing/registration in Florida	4.		Document	number	
5. (a)	Michael Philipp					
	Registered Agent and Registered Office shown on the record	ds of the Flori	ida I	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRES	<u>SS)</u>			
	22 Marsh Point Rd					
	Amelia Island	_{. FL} 3203	34			
(b)	Registered Agents Inc.				2019 J SECR TALLA	
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office a	<u>idd</u>	<u>"ess</u> :	JAN AHAS	
	7901 4th St N				14 PM 4: 00 ANT OF STATE SSEEL FLORIDA	m
	NEW Registered Office Address:				PH 4: 9r : iA 7. FLOR	\bigcirc
	STE 300				14 00 7417 7018107	
	St. Petersburg	. _{FL} 3370)2			
I.C. a.l 1	indeed the itter and a second and a second	مادي ميني		State of Classida, it is b	and the same times and the	6

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

Bill Havre

Ryan W. Swanson

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.

Signature of Registered Agent

- Assistant Secretary