

L090000S8489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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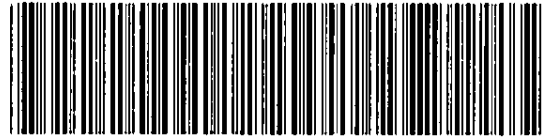
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Praxis Internet Marketing LLC  
Name of Corporation

**DOCUMENT NUMBER:** L09000058489

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Demchenko

Name of Contact Person

Praxis Internet Marketing LLC

Firm/Company

101 Markerside Ave Suite 404-379

Address

Ponte Vedra, FL 32081

City/State and Zip Code

JohnDemchenko@gmail.com

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

John Demchenko

at (352) 2628199

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

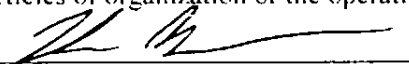
# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

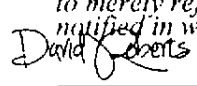
1. Name of the limited liability company: <u>Praxis Internet Marketing LLC</u>	
2. (a) <u>101 Marketside Ave</u> Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> ) <u>Suite 404-379</u> <u>Ponte Vedra, FL 32081</u>	(b) <u>101 Marketside Ave</u> Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> ) <u>Suite 404-379</u> <u>Ponte Vedra, FL 32081</u>
3. <u>06/16/2009</u> Date of filing/registration in Florida	4. <u>L09000058489</u> Document number
5. (a) <u>DEMCHENKO, JOHN</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>101 Marketside Ave</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>Suite 404-379</u> <u>Ponte Vedra, FL 32081</u>	
(b) <u>David Roberts</u> Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered Office address</b> : <u>7901 4th St N</u> <b>NEW</b> Registered Office Address: <u>STE 300</u> <u>St. Petersburg, FL 33702</u>	

SECRETARY OF STATE  
TALLAHASSEE, FL  
2024 MAR 25 PM 2:45

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	<u>John Demchenko</u> Printed or typed name of signer
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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	<u>David Roberts</u> - Assistant Secretary
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