

L09000059084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

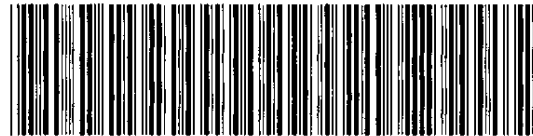
(Business Entity Name)

(Document Number)

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RECEIVED
09 JUL 30 AM 10:41
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 JUL 30 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUL 31 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 059464 7715323

AUTHORIZATION :

COST LIMIT :

[Handwritten signature]
\$ 25.00

FILED
09 JUL 30 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 7, 2009

ORDER TIME : 9:57 AM

ORDER NO. : 059464-005

CUSTOMER NO: 7715323

RESUBMIT

Please give original
submission date as file date.

CHANGE OF AGENT

NAME: SWITCHPHRASE.COM LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

RECEIVED
09 JUL 30 PM 4:17
TALLAHASSEE, FLORIDA

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2009

DOREEN WALLACE
CSC
TALLAHASSEE, FL

SUBJECT: SWITCHPHRASE.COM LLC
Ref. Number: L09000059084

FILED
09 JUL 30 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SWITCHPHRASE.COM LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The new R.A. must please sign the acceptance statement.

Please return 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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 209A00026151

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. Name of the limited liability company: SWITCHPHRASE.COM LLC

2. (a) Principal office address of limited liability company: 2805 WEST AQUILLA STREET
(Note: **MUST BE STREET ADDRESS**) TAMPA FL 33629

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

06/18/2009

3. Date of filing/registration in Florida

L09000059084

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

TONYA L. FARKAS

Registered Office Address:

2805 W AQUILLA STREET
TAMPA, FL 33629

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

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)

(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 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.

By: Doreen Wallace

(Signature)

Assistant Vice President

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

FILING FEE: \$25.00