# LD9000086341

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#### **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: Primal Innovation, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Kaitlin L. Pinette

Name of Person

Primal Innovation, LLC

Firm/Company

201 Tech Drive

Address

Sanford, FL 32771

City/State and Zip Code

# kaitlin.pinette@primalinnovation.com

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

For further information concerning this matter, please call:

## Kaitlin Pinette

...407

952-0166

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

-1 1

# 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: Primal Innova	tion, LLC
2. (a) Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	mpany: 201 Tech Drive Sanford, FL 32771
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	201 Tech Drive Sanford, FL 32771
09/08/2009	L09000086341
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	Grea Holifield
Registered Office Address:	101 Tech Drive 37 Sanford, FL 32771 07 37 65
(b) Enter name of <b>NEW Registered Agent</b> and/o	or NEW Registered Office address
NEW Registered Agent:	A A
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	
	San ford ,FL 32771
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chathe members of the limited liability company or as of the operating afterment of the limited liability company or as of the operating afterment of the limited liability company or as of the operating afterment of the limited liability company or as of the operating afterment of the limited liability company or as of the operating afterment of the limited liability company or as of the operating afterment of the limited liability company or as of the operating afterment of the limited liability company or as of the operating after the change or changes are made and the business of the registered agent will be liability company.	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
Gregory Holifield	
Printed or typed name of signee  I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or Af this document is being filed address, I hereby dorlirm that the limited liability constitution of Registered Agen.	et and agree to act in this capacity. I further agree to the proper and complete performance of my duties, I my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.

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