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(Document Number)
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**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	SUBJECT: Ereximax, LLC  Name of Limited Liability Company			
	Name of 1	Sinincu Diaonity Company		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	this matter to the following:		
	Brett Fisher			
	Name of Person	<del></del>		
	Firm/Company	<del></del>		
	601 Cleveland St, Ste 390			
	Address			
	Clearwater, FL 33755			
	City/State and Zip Code			
E	brett@myprocreditgroup.cor	n otification)		
	orther information concerning this matte			
	•			
	Brett Fisher	at (727) 417-4353		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			
	Enclosed is a check for the followin	g amount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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:	Ereximax, LLC	
(a) Principal office address of limited liability company: 601 Cleve		reland St
(Note: MUST BE STREET ADDRESS)	Ste 390 Clearwater, FL 33755	
(b) Mailing address of limited liability company:	601 Cleveland St	
(Note: MAY BE POST OFFICE BOX)	Ste 390 Clearwater, FL 33755	
08/25/2010	L100000895	572
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida De	ept. of State:
Registered Agent:	Andre K Sanders	F (2) 7
Registered Office Address:	5922 9th Ave North Suite C, Floor 2 St Petersburg, FL 33710	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office addres	
NEW Registered Agent:	Brett Fisher	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	601 Cleveland St Ste 390 Clearwater	,FL33755
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e laws of the State of Florida, in Florida street address of the restriction. Or, in the case of a Flow (s) was/were authorized by an erwise provided in the articles and the articles are the street of the street	it is hereby gistered office rida limited affirmative vote of organization
Brett Fisher Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all stabilies relative to the pand I am familiar with and ticcept the obligations of my the Chapter 608, F.S. Or lift this document is being filed to in address, I hereby confirm that the limited liability companions of Registered Agent	l agree to act in this capacity, proper and complete performan position as registered agent as perely reflect a change in the r my has been notified in writing	I further agree to nce of my duties, provided for in egistered office of this change.

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