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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phelan Hallinan Diamond & Jones PLLC

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:

Francis S Hallinan

Name of Person

Phelan Hallinan Diamond & Jones PLLC

Firm/Company

PO Box 8990

Address

Turnersville NJ 08012

City/State and Zip Code

jahcllc9@gmail.com

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

For further information concerning this matter, please call:

Francis S Hallinan

at (215 5144280)

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

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 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: Phelan Hallinan Diamond & Jones PLLC

2. (a) 227 E Front Street Trenton NJ 08611 (b) PO Box 8990 Turnersville, NJ 08012
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 02/23/21 4. L100000110955
Date of filing/registration in Florida Document number

5. (a) Heather Griffiths
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2001 NW 64th Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 100

Fort Lauderdale, FL 33309

(b) Cogency Global Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 N Calhoun Street Suite 4

NEW Registered Office 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]
Signature of a member or authorized representative of a member

FOR AUCIS S Hallinan
Printed or typed name of signer

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]
Signature of Registered Agent

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

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TALLAHASSEE, FL
SECRETARY OF STATE