

L10000116300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

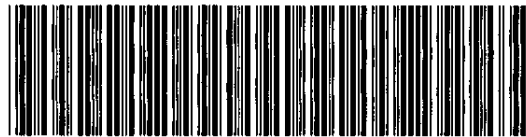
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

AUG 17 2012

EXAMINER



200238526742

200238526742
08/16/12--01012--010 **25.00

12 AUG 16 PM 4:23

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flux House and Garden Products, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 16 PM 4:23

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:

Michael R. DeMas

Name of Person

Phase V of Southwest Florida, Inc.

Firm/Company

12290 Treeline Ave.

Address

Fort Myers, FL 33913

City/State and Zip Code

mdemas@phasev.com

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

For further information concerning this matter, please call:

Michael R. DeMas

Name of Person

at (239)

225-1000

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

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: Flux House and Garden Products, LLC

2. (a) Principal office address of limited liability company: 12290 Treeline Ave.

(Note: MUST BE STREET ADDRESS)

Fort Myers, FL 33913

(b) Mailing address of limited liability company: 12290 Treeline Ave.

(Note: MAY BE POST OFFICE BOX)

Fort Myers, FL 33913

11/8/10

3. Date of filing/registration in Florida

L10000116300

4. Document number

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

Registered Agent: Alton, LLC

Registered Office Address: 444 Brickell Ave.
Suite 705
Miami, FL 33131


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

NEW Registered Agent: Phase V of Southwest Florida, Inc.

NEW Registered Office Address: 12290 Treeline Ave.

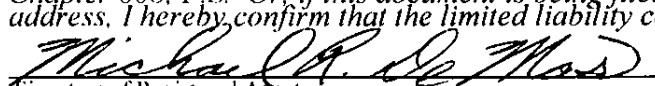
(MUST BE FLORIDA STREET ADDRESS)
Fort Myers, FL 33913

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

Frank Meyer
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 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.


Signature of Registered Agent

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

FILING FEE: \$25.00