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| (Red | questor'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: | | | | | | |
| | | | | | | |
| : | | <u>:</u> | | | | |
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Office Use Only



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D. BRUCE
AUG | \$ 2011
EXAMINER

COVER LETTER

| то: | Registration Section Division of Corporations | | | • | | |
|---|--|------------|--|--|--|----------------|
| SUB | | | TEGIC P. | ARTNERS, LI | _C | - |
| Dear | Sir or Madam: | | | | | |
| The e | enclosed Registered Agent/Registere | d Office (| Change and | fee(s) are submit | ted for filing. | |
| Pleas | e return all correspondence concerni | ing this m | atter to the | following: | | |
| *************************************** | William M. Roberts Name of Person | | | | | |
| | PHOENIX STRATEGIC PARTN Finn/Company 711 S. Howard Avenue, Sui | | <u>.c </u> | | SECRE TALLAH | derrug, es uje |
| | Address Tampa, FL 33606 City/State and Zip Code billrobertstampa@aol.cc -mail address: (to be used for future annual repo | | | · | AUG 17 PH R 31 CRETARY OF STATE AHASSEE, FLORIDA | |
| | urther information concerning this m | | | | | |
| *************************************** | William M. Roberts Name of Person | at (| | 833-4 Code & Daytime Telep | 1398 Phone Number | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | Registra Divisior P.O. Bo | NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314 | | |
| | Enclosed is a check for the follow | wing amo | ount: | | | |
| | \$25 Filing Fee | | \$55 Fi | ling Fee & Certifi | ied 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.

| PARTNERS, LLC | | | | | |
|--|--|--|--|--|--|
| 711 S. Howard Avenue, Suite 200 | | | | | |
| 06 | | | | | |
| oward Avenue, Suite 200 | | | | | |
| 06 | | | | | |
| 000110010 | | | | | |
| 000118348 ber | | | | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| Hans C. Beyer | | | | | |
| O AVENUE, SUITE 200 06 | | | | | |
| erts | | | | | |
| 711 S. HOWARD AVENUE, SUITE 200 TAMPA ,FL 33606 | | | | | |
| Florida, it is hereby so of the registered office of a Florida limited ed by an affirmative vote e articles of organization AFRICA SERVICE OF THE Agree to performance of my duties, agent as provided for in e in the registered office in writing of this change. | | | | | |
| | | | | | |

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