

L11000102 655

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02/17/12--01011--031 **25.00

12 FEB 17 PM 3:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Froghair Group 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:

Geoff Wood
Name of Person

The Froghair Group LLC
Firm/Company

17531 Fairmeadow Dr.
Address

Tampa, FL 33647
City/State and Zip Code

geoff@froghairbeer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geoff Wood at (440) 382-6633
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

12 FEB 17 PM 3:29
FILED
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

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: The Froghair Group LLC

2. (a) Principal office address of limited liability company: 17531 Fairmeadow Dr.

(Note: **MUST BE STREET ADDRESS**)

Tampa, FL 33647

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

17531 Fairmeadow Dr.

Tampa, FL 33647

~~2/15~~ 09/08/11

3. Date of filing/registration in Florida

4. Document number

L11000102655

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

Registered Agent:

Geoff Wood

Registered Office Address:

5125 Palm Springs Blvd. #10207
Tampa, FL 33647

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

NEW Registered Agent:

Geoff Wood

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

17531 Fairmeadow Dr.

Tampa, FL 33647

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.

Geoff Wood
Signature of a member or authorized representative of a member

Geoff Wood
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.

Geoff Wood
Signature of Registered Agent

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

FILING FEE: \$25.00