

L120000015644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

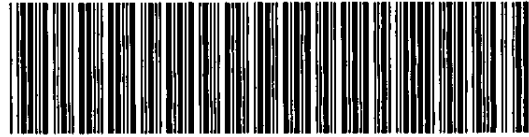
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2013 JUL 10 AM 9:40
OFFICE OF THE STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JUL 11 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MetricSlice, 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:

Rebecca Hamm

Name of Person

MetricSlice LLC

Firm/Company

149 8th Ave N Rear Apt

Address

St. Petersburg, FL 33701

City/State and Zip Code

becky@metricslice.com

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

For further information concerning this matter, please call:

Rebecca Hamm at (404) 694-1204

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

FILED
2013 JUL 10 AM 9:40
STATE
TALLAHASSEE, FLORIDA

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: MetricSlice LLC

2. (a) Principal office address of limited liability company: 149 8th Ave N
(Note: MUST BE STREET ADDRESS)
Rear Apt
St. Petersburg, FL 33701

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PO Box 3711
St. Petersburg, FL 33731

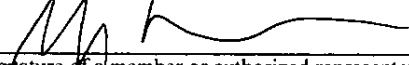
2/2/12
3. Date of filing/registration in Florida

L12000015644
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Rebecca Hamm
Registered Office Address: 725 2nd St. N
#6
St. Petersburg, FL 33701

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: _____
NEW Registered Office Address: 149 8th Ave N
(MUST BE FLORIDA STREET ADDRESS) Rear Apt
St. Petersburg, FL 33701

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.

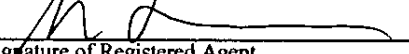


Signature of a member or authorized representative of a member

Rebecca Hamm

Printed or typed name of signee

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