L12000039736

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	: #)		
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COVER LETTER

TO: Registration Section Division of Corporations		ž.			
Phreatic Designs, LLC SUBJECT:					
SUBJECT.	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	1 Office Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning	ng this matter to the	following:			
Daniel Vickers					
Name of Person					
Phreatic Designs, LLC					
Firm/Company		<u> </u>			
432 SW Dart Dr.					
Address					
Fort White, FL 32038					
City/State and Zip Co	ode				
davickers21@gmail.com					
E-mail address: (to be used for future	e annual report noti	fication)			
For further information concerning this ma	atter, please call:				
Daniel Vickers	931 at (261-7558			
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 follow	wing amount:				
■ \$25 Filing Fee	<u> </u>	355 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: Phreatic Designs	s, LLC	
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 432 SW Dart Dr.	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 432 SW Dart Dr.
	Fort White, FL 32038		Fort White, FL 32038
	March 21, 2012	ī	.12000039736
 3. 5. (a) 	Date of filing/registration in Florida United States Corporation Agents, Inc.	- 4.	Document number
J. (e	Registered Agent and Registered Office shown on the records of 5575 S. Semoran Blvd	t the Florida	Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREET) Suite 36	ADDRESS)	
	Orlando F	L_32822	2020 HAY -1
(b	Registered Agents Inc.		1
`	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:
	7901 4th St N.		2:
	NEW Registered Office Address: Ste 300		
	St. Petersburg, Fi	L	
changagent was/sthe as Sign I her provide the notific means of the second secon	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ricles of organization or the operating agreement of the nature of a member or authorized representative of a member representative of a member are accept the appointment as registered agent and against of all statutes relative to the proper and complete bligations of my position as registered agent as provide the reflect a change in the registered office address, I accept this change.	e registered iability cor of the limited limit	d office and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. El Vickers Printed or typed name of signee In this capacity. I further agree to comply with the pace of my duties, and I am familiar with and accept thapter 605, F.S. Or, if this document is being filed
Signa	ture of Registered Agent		

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