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COVER LETTER

Division of Corporations			
SUBJECT: Phoenix & Turtle, LLC			
	ne of Limited Li	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the f	following:	
David W. May			
Name of Person			
Phoenix & Turtle, LLC			
Firm/Company		_	
6500 White Blossom Circle			一つのあ
Address		_	調や丁
Jacksonville, Florida 32258			新 · 8 P
City/State and Zip Code		_	PM 3: 36
dwmrx@hotmail.com			当日 8
E-mail address: (to be used for future ann	ual report notifi	cation)	
For further information concerning this matter,	please call:		
David W. May	904 at (826-5382	
Name of Person		Area Code & Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	
Enclosed is a check for the following	amount:		
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

(b) 13246 Stone Pond Dr		
I liability company: FOFFICE BOX)		
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To See See See See See See See See See Se		
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nfirmed that after fice of the registered hat the change(s) erwise provided in		
of signee		
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of s		

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