

7/23/2020

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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mike@LOCICAPITAL.COM

2020 JUL 23 PM 12:45

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LLC REGISTERED AGENT CHANGE
LOCI CAPITAL GROUP, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Loci Capital 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:

Michael J. Phillips

Name of Person

Loci Capital Group, LLC

Firm/Company

4830 W. KENNEDY BLVD, SUITE 880

Address

Tampa, FL 33609

City/State and Zip Code

mike@LOCICAPITAL.COM

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

For further information concerning this matter, please call:

Michael Phillips

Name of Person

at (404)

457-1999

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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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: Loci Capital Group, LLC

2. (a) 4830 W. KENNEDY BLVD, SUITE 880

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Tampa, FL 33609

(b) 4830 W. KENNEDY BLVD, SUITE 880

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Tampa, FL 33609

08/20/2019

LI9000212470

3. Date of filing/registration in Florida

4. Document number

5. (a) Michael J. Phillips

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

830 S WILLOW AVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33609

(b) Michael J. Phillips

Enter name of NEW Registered Agent and/or NEW Registered Office address:

4830 W. KENNEDY BLVD, SUITE 880

NEW Registered Office Address:

Tampa, FL 33609

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

Michael J. Phillips

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 605, 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