## L23000001336

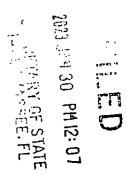
| (Re                      | equestor's Name)   |           |  |  |  |  |
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| (Address)                |                    |           |  |  |  |  |
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| (Address)                |                    |           |  |  |  |  |
|                          |                    |           |  |  |  |  |
| (City/State/Zip/Phone #) |                    |           |  |  |  |  |
|                          |                    |           |  |  |  |  |
| PICK-UP                  | ☐ WAIT             | MAIL      |  |  |  |  |
|                          |                    |           |  |  |  |  |
|                          |                    |           |  |  |  |  |
| (Bu                      | isiness Entity Nam | ne)       |  |  |  |  |
|                          |                    |           |  |  |  |  |
| (Do                      | cument Number)     |           |  |  |  |  |
|                          |                    |           |  |  |  |  |
| Certified Copies         | Certificates       | of Status |  |  |  |  |
|                          |                    |           |  |  |  |  |
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| Special Instructions to  | Filing Officer:    |           |  |  |  |  |
|                          |                    |           |  |  |  |  |
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Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations |   |
|---|---|
| SUBJECT: 34-PHI GROUP, LLC                        |   |
| Name  | e of Limited Liability Company                            |
| Dear Sir or Madam:                                |   |
| The enclosed Registered Agent/Registered Office   | ce Change and fee(s) are submitted for filing.            |
| Please return all correspondence concerning this  | s matter to the following:                                |
| KIARA HERNANDEZ                                   |   |
| Name of Person                                    |   |
| KABA CONSULTING INC                               |   |
| Firm/Company                                      |   |
| 17011 E HIGHWAY 50, STE 303                       |   |
| Address   |   |
| CLERMONT, FL 34711                                |   |
| City/State and Zip Code                           |   |
| TAXES@KABACONSULTING.COM                          |   |
| E-mail address: (to be used for future annu       | ial report notification)                                  |
| For further information concerning this matter, p | please call:  |
| KIARA HERNANDEZ                                   | 352 432-8844<br>at ( )                                    |
| Name of Person                                    | Area Code & Daytime Telephone Number                      |
| Mailing Address:                                  | Street Address:   |
| Registration Section                              | Registration Section                                      |
| Division of Corporations                          | Division of Corporations                                  |
| P.O. Box 6327                                     | The Centre of Tallahassee                                 |
| Tallahassee. FL 32314                             | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |
| Enclosed is a check for the following a           | 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.

| 1.              | Na                                      | me of the limited liability company: 34-PHI GROUP  | LLC                                       |                            |   |            |
|-----------------|---|--|---|----------------------------|---|------------|
| 2.              | (a)                                     |  |   | (b)                        | (b)   |            |
|                 | • •                                     | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   | (-,                        | Mailing address of limited liability cor (Note: MAY BE POST OFFICE B  | npany:     |
|                 |   | 1811 ENGLEWOOD ROAD #298   |   |                            | 1811 ENGLEWOOD ROAD #298  |            |
|                 |   | ENGLEWOOD, FL 34223  |   |                            | ENGLEWOOD, FL 34223   |            |
|                 |   | 12/27/2022   |   | ]                          | L23000001336  |            |
| 3.              |   | Date of filing/registration in Florida   |   | -                          | Document number   | -          |
| 5.              | (a)                                     |  |   |                            |   |            |
|                 | (-)                                     | Registered Agent and Registered Office shown on the records of JOSEPH, JEREMIAH  | f the Flor                                | rida                       | ida Dept. of State:   |            |
|                 |   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |   |                            |   |            |
|                 |   | 925 PARK PLACE DRIVE   |   |                            |   | } {        |
|                 |   | ENGLEWOOD , FI   | 34223<br>L                                | <br>}                      |   |            |
|                 |   |  |   |                            | ASSEE. FL   | O          |
|                 | (p)                                     | Enter name of NEW Registered Agent and/or NEW Registered   | d Office                                  | -46                        | ES K  |            |
|                 |   | and the or the section of the sectio | a Ottice                                  | Aut                        |   | ú          |
|                 |   | JOSEPH, JEREMIAH   |   |                            |   |            |
|                 |   | NEW Registered Office Address:   |   |                            | <del></del>   |            |
|                 |   | 1811 ENGLEWOOD ROAD #298   |   |                            |   |            |
|                 |   | FNCLFWOOD  |   |                            | · · · · · · · · · · · · · · · · · · ·   |            |
|                 |   | ENGLEWOOD , FI   | L <u>34223</u>                            |                            |   |            |
| ch<br>ag<br>wa  | ange<br>ent v<br>is/we                  | imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members cless of organization or the operating agreement of the  | e regist<br>ability<br>of the l<br>limite | ere<br>cor<br>limi<br>d li | ered office and the business office of the regi-<br>company, it is hereby confirmed that the char<br>imited liability company or as otherwise providing<br>diability company. | stered     |
| _               |   |  | л   | ERI                        | REMIAH JOSEPH   |            |
| I in protection | herei<br>ovisi<br>e obl<br>mer<br>afied | the of a member or authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igutions of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.  | nerior                                    | 171/1                      | mance of my duties, and I am Iamiliae with a  | nd account |
| ,۱              | 7                                       | The state of the s |   |                            |   |            |