

#107000006660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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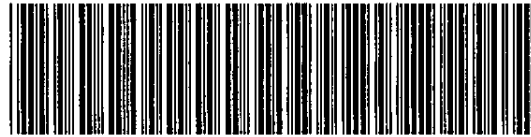
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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 30 2013

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January 25, 2013

VIA OVERNIGHT DELIVERY

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Flexicom, LLC

Ladies and Gentlemen:

Enclosed for filing with your office is a Statement of Change of Registered Office or Registered Agent for Flexicom, LLC and a check for the \$25.00 filing fee. Please file the agent update form and return the evidence of filing to my attention in the enclosed envelope.

Please contact me if you should have any questions or require any additional information to process this request. Thank you for your assistance.

Sincerely,



Barry R. Kiser
Paralegal

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flexicom, 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:

Barry Kiser

Name of Person

Porter, Wright, Morris & Arthur LLP

Firm/Company

41 South High Street, Suite 2800

Address

Columbus, Ohio 43215

City/State and Zip Code

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

For further information concerning this matter, please call:

Barry Kiser

Name of Person

at (614) 227-2113

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

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: Flexicom, LLC

2. (a) Principal office address of limited liability company: 9132 Strada Place, Third Floor
Naples, FL 34108
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 7450 Huntington Park Drive
Columbus, OH 43235
(Note: MAY BE POST OFFICE BOX)

11/08/2007

3. Date of filing/registration in Florida

M07000006660

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Joseph Casa

Registered Office Address:

8101 90th Avenue North
Pinellas Park, FL 33782

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Porter, Wright, Morris & Arthur LLP

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

9132 Strada Place, Third Floor
Naples, FL 34108

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.

Shawn Cunix
Signature of a member or authorized representative of a member

Shawn Cunix

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 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.

Shawn Cunix
Signature of Registered Agent

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