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J. BRYAN

JUN - 3 2008

**EXAMINER** 

## . COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PHINTEC, 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:	
Tôdd Ludington  (Name of Person)  PHINTEC, LLC  (Finn/Company)  4700 Millenia Blvd., Ste. 175	<u> </u>
Tôđd Ludington	Sio
(Name of Person)	7
PHINTEC, LLC &	-
(Finn/Company)	
4700 Millenia Blvd., Ste. 175	
(Address)	2
	مت
Orlando, FL 32839 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Todd Ludington at 321 945-1500  (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$325 Filing Fee \$ Certified Copy	
INHS18 (8/05)	

## 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, Florido 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.

agent, or both, in the state of rio	riaa.					
1. The name of the limited liabil	ity company is: PHIN	TEC, LLC				
2. The mailing address of the lin	nited liability company is :	4700 Mille	enia	Blvd.,	Ste.	175
Orlando, FL 3283		·				
02/25/08		M0800000920				
3. Date of filing/registration in F	lorida	4. Document nur	nber			
5. The name of the registered age Florida Department of State:	ent and the registered office	address as shown	on the re	cords of the		
Tod	d Ludington					
471	Name 7 Northbridge	Dr., Apt.	201			
orl	Address ando, FL 3283		•	•	000	<u> </u>
	City, State and 2	ip .			بن س	355
6. The name and address of the n	ew registered agent and/or	office:			08: JUH	五四二十
Tod	d Ludington				2	· CONTE
470	0 Millenia Bl	vd., Ste.	175		7	3990
Florie	da street address (P.O. Box	NOT acceptable)				
Orl	ndo <sub>FL</sub> 32	839			•	RESTATENS RESTATENS DM 4: 20
	City, State and Zi	p		_		<b>o</b> 55

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)

Todd Ludington

(Printed or typed name of signes)

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.

(Signature of Registered Agent)

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

INHS18 (8/05)