

M11 0000003283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

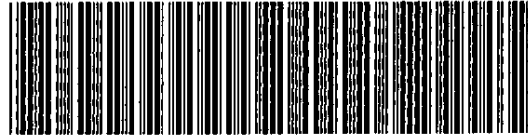
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/26/11--01042--004 **25.00

FILED
11 SEP 26 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 28 2011

Phive, LLC

31 August 2011

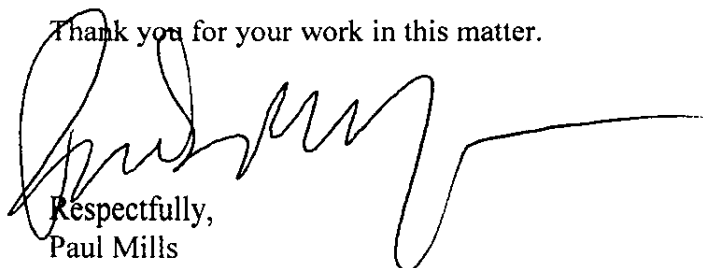
TO: State of Florida
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Address corrections

Dear Sir or Ma'am,
Please accept our apologies for the error in our paperwork regarding the address of Phive, LLC. Enclosed is "change of Address" that was downloaded from your website (Sunbiz.org).

You will find the correct address document enclosed and signed by myself Paul Mills. If we have made anymore errors please call us at 813-379-7056 or email us at pmills@phiveworld.com.

Thank you for your work in this matter.


Respectfully,
Paul Mills
CEO, Phive
www.phiveworld.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phive, 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:

Paul Warren Mills
Name of Person

Phive, LLC
Firm/Company

301 W. Platt Street, Suite 353
Address

Tampa, Florida 33606
City/State and Zip Code

pmills@phiveworld.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

paul mills at (813) 379-7056 (Bus.)
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
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: Phive, LLC

2. (a) Principal office address of limited liability company: 301 W. Platt Street, Suite 353

(Note: **MUST BE STREET ADDRESS**)

Tampa, Florida 33606

(b) Mailing address of limited liability company: 301 W. Platt Street, Suite 353

(Note: **MAY BE POST OFFICE BOX**)

Tampa, Florida 33606

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: Paul Mills

Registered Office Address: 1301 Platt Street Suite 353
Tampa, Florida 33606

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

NEW Registered Agent: paul mills

NEW Registered Office Address: 301 W. Platt Street, Suite 353
(**MUST BE FLORIDA STREET ADDRESS**)

Tampa, FL 33606

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

Paul Warren Mills

Printed or typed name of signee

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, Tallahassee, FL 32314

FILING FEE: \$25.00