

NOI 749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

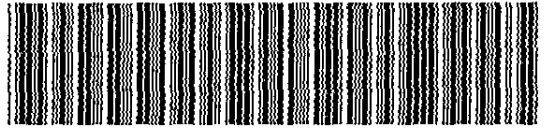
(Business Entity Name)

(Document Number)

Certified Copies _____, Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100022786451

CA
Change

09/12/03--01070--004 **35.00

FILED
03 SEP 12 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/15/03
RECEIVED
03 SEP 12 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

September 12, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5921528 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Phi Gamma, Inc. (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : PHI GAMMA, INC.
2. The mailing address of the corporation : 8815 WESLEYAN ROAD, INDIANAPOLIS IN 46268
3. Date of incorporation/qualification: 03/01/1984 Document number: N01749
4. The name and address of the current registered agent and office:


LIDSKY, HOWARD, LAW OFFICES OF EILON KRUGMAN-KADI LAW
824 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

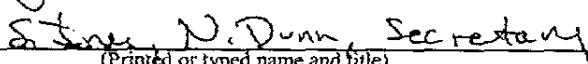
5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P. O. Box Not Acceptable)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

 8/27/03
(Signature of an officer, chairman or vice chairman of the board) (Date)


(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

C T Corporation System
By:  9/10/2003
(Signature of registered agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *