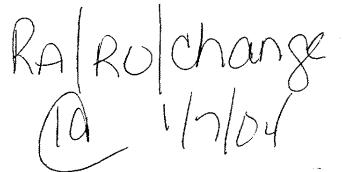
## P01000021630

(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:				







700025798717

12/31/03--01044--010 \*\*35.00



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PHDG, INC.	
(Name of corporation)	
DOCUMENT NUMBER: PO1000021630	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Leo J. Salvatori, Esq.	FILE 03 DEC 31 TALLAHASS
(Name of person)	- EE C3
Salvatori & Wood	FILED PH 1:
(Name of firm/company)	
4001 Tamiami Trail North, Suite 330	ORIDA
(Address)	
Naples FL 34103	
(City/state and zip code)	
For further information concerning this matter, please call:	
Leo J. Salvatori at (239 ) 263-1480 (Name of person) (Area code & daytime telep	K-148
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

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

	•		08, or 617.1508, Florida Statutes,	
	· -	ganized under the laws of red agent, or both, in the S	the State of Florida	in order
to change us re	gisterea office or register	ea agent, or your, in the 3	iale of Pioriaa.	
· ·	the corporation: PHDG,			
2. The principal	l office address: 5645 St	rand Blvd, Suite 3, Naple	s FL 34110	
3. The mailing	address (if different):		A	
4. Date of incor	poration/qualification: 0	3/28/01 Doo	:ument number: P0100021630	
	d street address of the cur entment of State:	rent registered agent and r	registered office on file with the	03 DE
	Naples-Lawdock, Inc.			
	4501 Tamiami Trail No	orth, Suite 300	NSS.	是 PED ED
	Naples, FL 34103			
6. The name an (if changed):	d street address of the nev	w registered agent (if chan	ged) and /or registered office	ORIDA SS
<u></u> .	Salvatori & Wood, DL			<u> </u>
	4001 Tamiami Trail No	orth, Suite 330		
		P.O. Box or personal mailbox NOT	acceptable)	
	Naples, FL 34103			<del></del> -
The street addr	ress of its registered office e identical.	e and the street address of	of the business office of its regist	ered agent, as
Such change w the board, or th	vas authorized by resolut ne corporation has been i	ion duly adopted by its be of the confised in writing of the	oard of directors or by an officer change.	so authorized by
		2	Robert P. Hardy, President	
· · · · · · · · · · · · · · · · · · ·	Signature of an officer or director t the appointment as reg to comply with the prov or familiar with and acce ely to reflect to change it is writing of this change.	· · · · · ·	(Printed or typed name and o act in this capacity, ive to the proper and complete position as registered agent. Or, iress, I hereby confirm that the c	
	19/ [		December 19, 2003	
	(Separature of Registered Agent)		(Date)	
If signing on b	chalf of an entity:	_•		
100.	Salvator	•	Manager	
	(Typed or Printed Name)		(Capacity)	

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