

FD6000005975

(Requestor's Name)



PIONEER
TECHNOLOGIES

648 Anchors St. NW, Unit 3B
Ft. Walton Beach, FL 32548

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

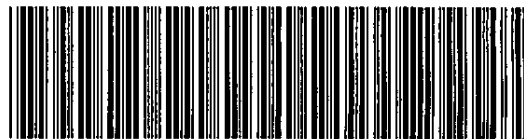
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Na choy
R. WHITE
NOV -7 2017

**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, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PTC-US.COM Corporation
2. The principal office address: 1512 East John Sims Pkwy. #351, Niceville FL 32578
3. The mailing address (if different): 1512 East John Sims Pkwy. #351, Niceville FL 32578
4. Date of incorporation/qualification: 9/18/2006 Document number: F06000005975
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Incorp Services

17888 67th Court North

Loxahatchee, FL 33470

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Agin

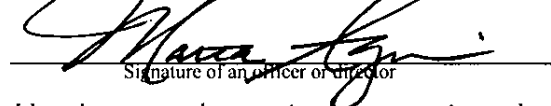
839 Coldwater Creek Circle

P.O. Box NOT acceptable

Niceville, FL 32578-1653

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

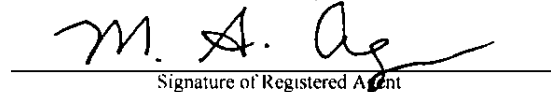
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Marta Agin, Secretary

Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

10/30/2017

Date

If signing on behalf of an entity:

Michael S. Agin
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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