

F10000005378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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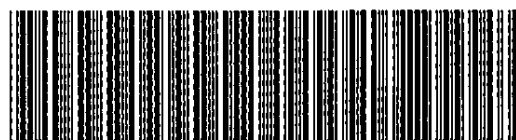
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: POSTEC, INC.
Name of Corporation

DOCUMENT NUMBER: F10000005378

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:

UNICKA BROWN
Name of Contact Person

NRAI CORPORATE SERVICES, LLC
Firm/Company

10100 WEST SAMPLE ROAD, SUITE 101
Address

CORAL GABLES, FL 33065
City/State and Zip Code

MSEYMAUR @ POSTEC . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

UNICKA BROWN at (954) 913-2787
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 GA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: POSTEC, INC.
2. The principal office address: 1125 NORTHMEADOW PKWY STE 114
ROS WELL GA 30076
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/08/2010 Document number: F10000005378
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525 US

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

NRAI Services, Inc.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

R. Michael Seymour

Signature of an officer or director

R Michael Seymour 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.

NRAI Services, Inc.

by Peter Souza, Asst. Sec.
Signature of Registered Agent

07/22/2011

Date

If signing on behalf of an entity:

POSTEC, INC.

Typed or Printed Name

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