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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEI

Account Number : 076424003301

Phone

Fax Number

: (813)223-7474 : (813)227-0435

04-5355 pmo

\*\*Enter the email address for this business entity to be used for & annual report mailings. Enter only one email address please.

Email Address:

## LLC REGISTERED AGENT CHANGE PC OVERNIGHT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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EXAMINER

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ((((11100000678913)))) BOTH FOR LIMITED LIABILITY COMPANY

Purstiant 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:

PC Overnight, LLC

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

8108 Krauss Boulevard, #110

Tampa, Florida 33619

(Note: MAY BE POST OFFICE BOX)

8108 Krauss Boulevard, #110

Tampa, Florida 33619

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

Registered Agent:

D. Michael O'Leary

Registered Office Address:

101 E. Kennedy Boulevard

Suite 2700

Tampa, Florida 33602

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

TK Registered Agent, Inc.

101 E. Kennedy Boulevard
Suite 2700

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.

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 pregiating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jonathan A. Yob, Manager

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 auties, 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, Tallahassec, FL 32314

FILING FEE: \$25.00

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