## #105000028000

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT · MAIL			
(Business Entity Name)			
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(Document Number)			
Certified Copies Certificates of Status			
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K.SALY EXAMINER FEB 26 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: PTK Capital, LLC				
Name of L	Limited Liabili	ty Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	office Change a	and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to t	the following:		
Thomas A. Kopp				
Name of Person		_		
Panie (A Leisvii				
PTK Capital, LLC				
Firm/Company		_		
00001 5 1510				
6892 Jay Road Bch S				
Address				
Cedar Grove, WI 53013				
City/State and Zip Code		_		
ptkcapllc@wi.rr.com				
E-mail address: (to be used for future annual report n	otification)	_		
For further information concerning this matter, please call:				
Thomas A. Kopp	at (630	, 886-4203		
Name of Person		Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MA	ILING ADDRESS:		
Registration Section	_	stration Section		
Division of Corporations		sion of Corporations		
Clifton Building		Box 6327		
2661 Executive Center Circle	Talla	ahassee, Florida 32314		
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant 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.	Nai	me of the limited liability company: PTK Capital, LLC	
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Cedar Grove, WI 53013
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same
Ma	ırch 21	2005	L05000028000
_		e of filing/registration in Florida	4. Document number
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
		Registered Agent:	Corporation Service Company
		Registered Office Address:	1201 Hays Street Tallahassee, FL 32301
			Tuninassec, 1 E 02301
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u>	W Registered Office address:
		NEW Registered Agent:	Diana Kopp Crook
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5500 NW 72nd Way  Bell  FL 32619
co an lia the the	nfirm d the abilit e me e ope	imited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
		A. Kopp or typed name of signee	_
I co an Cl	here mply d I d lapte lareş	by accept the appointment as registered agent and a wwith the provisions of all statutes relative to the pr un familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me and hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent