

L050000038282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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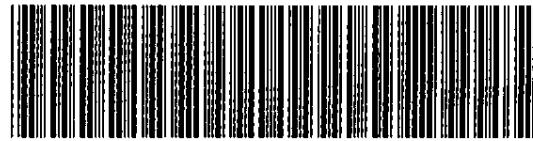
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 12 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POCO MAS LLC
Name of Corporation LLC

DOCUMENT NUMBER: L05000038282

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:

ANCHORS, MICHELLE
Name of Contact Person

KEEFE, ANCHORS, GORDON & MOYLE
Firm/Company

2113 LEWIS TURNER BLVD, SUITE 100
Address

FORT WALTON BEACH, FL 32547 US
City/State and Zip Code

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

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DEPT. OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

ANCHORS, MICHELLE at (850) 863-1974
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 LLC

Pursuant to FL Statute 608.416
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 LLC corporation organized under the laws of the State of FL
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: POCO MAS LLC

2. The principal office address: 558 MOONEY ROAD, FORT WALTON BEACH FL 32547

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/19/2005 Document number: L05000038282

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)

ANCHORS, MICHELLE

909 MAR WALT DR, SUITE 1014

FT WALTON BEACH FL 32547 US

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

ANCHORS, MICHELLE

2113 LEWIS TURNER BLVD, SUITE 100

P.O. Box NOT acceptable

FORT WALTON BEACH, FL 32547 US

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 LLC corporation has been notified in writing of the change.

Virginia C. Giesen
Signature of an officer or director

Virginia C. Giesen, President
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
LLC corporation has been notified in writing of this change.

Michelle Anchors
Signature of Registered Agent

Oct. 5. 2011
Date

If signing on behalf of an entity:

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 (8/05)

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TALLAHASSEE, FLORIDA