10.8000097545

| (Re | questor's Name) | |
|---|-----------------|-----------|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| . PICK-UP | WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



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2012 JUN-4 AM 9: 06
SECRETARY OF STATE

J. SAULSBERRY EXAMINER JUN 5 2012

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: PO + MS (LC Name of Limited Liability Company | | | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Misty McCall Name of Person PO+ MS LLC | | | | |
| Firm/Company | | | | |
| 314 A N. Spring St | | | | |
| Pensacola F132501 City/State and Zip Code | | | | |
| Misty 2 homes With Dagadise Con E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Cynthia Tant at (850) 393-5134 Name of Person at (850) Area Code & Daytime Telephone Number | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$25 Filing Fee & Certified Copy | | | | |

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. Name of the limited liability company: PU+ M | SUC |
|--|--|
| 2. (a) Principal office address of limited liability compan | y: 314 A N. Spring St |
| (Note: MUST BE STREET ADDRESS) | Pensacola +132501 |
| (b) Mailing address of limited liability company: | 314 A N. Spring St |
| (Note: MAY BE POST OFFICE BOX) | Pensacola F132501 |
| 10/16/2008 | L0800097545 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | |
| Registered Agent: | Alvina Patio |
| Registered Office Address: | 310 E Government 4-1 Densaiola El 32502 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> | W Registered Office address: |
| NEW Registered Agent: | Cynnia Tarii |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 7050000 FL3001 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of signee I hereby accept the appointment as registered agent and comply with the prayisions of all statutes relative to the property of | Florida street address of the registered office nitical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote provided in the articles of organization by. |
| Division of Corporations, P.O. Box 6 | 327, Tallahassee, FL 32314 |

FILING FEE: \$25.00