(Red	questor's Name)	
(Add	dress)	
. (Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

NOV 1.4 2011

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

Division of Corporations		
SUBJECT:	Pakurderm, LLC	
Name	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
	•	
Kevin C. Reid		
Name of Person		
	•	
K. Reid, CPA, Inc. Firm/Company		
· · · · · · · · · · · · · · · · · · ·		
3890 Turtle Creek Dr., S	uite B	
Address		
Port Orange, FL 3212	27	
City/State and Zip Code		
pmoniz@kreid-cpa.o	ra	
pmoniz@kreid-cpa.o E-mail address: (to be used for future annual re	port notification)	
For further information concerning this i	natter, please call:	
Kevin Reid	at ( 386 ) 788-6057	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follo	owing amount:	
\$25 Filing Fee	\$55 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:	Pakurderm, LLC
2. (a) Principal office address of limited liability company	: 3053 Monaghan Drive
(Note: MUST BE STREET ADDRESS)	Ormond Beach, FL 32174
(b) Mailing address of limited liability company:	P O Box 291343
(Note: MAY BE POST OFFICE BOX)	Port Orange, FL 32129
11/20/2009	L09000111711
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	•
Registered Agent:	Friebis, Daniel S
Registered Office Address:	3890 Turtle Creek Drive Suite B
	Port Orange, FL 32127
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address:  K. Reid, CPA, Inc.  3890 Turtle Creek Drive Suite B
MOST BE PLOKIDA STREET ADDRESS	Port Orange ,FL32127
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.8. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314

**FILING FEE: \$25.00**