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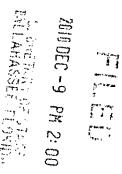
| (Requestor's Name) | | |
|---|-------------------|-------------|
| (Address) | | |
| (Address) | | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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J. SAULSBERRY EXAMINER DEC 1 0 2010

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: POCKFCIST, LLC Name of Lie | mited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Of | ffice Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning th | his matter to the following: | |
| (100 x x x x x x x x x x x x x x x x x x | 2010 DEC -9 PH 2: 00 SEGMETARY OF STAFF TALLAHASSEE, FLORITY 3.40 3.40 3.40 3.40 3.40 3.40 3.40 | Manufacture of the state of the |
| E-mail address: (to be used for future annual report not For further information concerning this matter | | |
| Name of Person | at (305) 926-0334 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 | \$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.

| St, LLC |
|---|
| 3440 Speridon Ave |
| Michai Brach, FL, 33140 |
| 3440 Sherickan Ave |
| Miami Beach, FL 33140 |
| L10000 94759 Document number |
| ne records of the Florida Dept. of State: |
| Alery Delgaclo |
| 3440 Sperician Ave Micimi Beach, FC 3340 |
| Registered Office address: |
| 3440 Speridon Ave Mich Brach Fr 3340 |
| ws of the State of Florida, it is hereby 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 |
| |