

L11000110814

(Requestor'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:

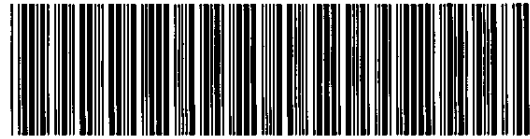
RA

Office Use Only

B. KOHR

SEP - 4 2012

EXAMINER



100239136751

08/31/12--01021--012 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 31 PM 3:37

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLCAST BROTHERS, LLC
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:

RAUL POLA

Name of Person

POLCAST BROTHERS, LLC

Firm/Company

1770 E. LAS OLAS BLVD. # 508

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

rpola@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUL POLA

Name of Person

at (954)

762-7987

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

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 AUG 31 PM 3:37

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: POLCAST BROTHERS, LLC
2. (a) Principal office address of limited liability company: 1770 E. LAS OLAS BLVD. # 508

(Note: MUST BE STREET ADDRESS)

FORT LAUDERDALE, FL 33301

- (b) Mailing address of limited liability company:

1770 E. LAS OLAS BLVD. # 508

(Note: MAY BE POST OFFICE BOX)

FORT LAUDERDALE, FL 33301

09/28/2011

L11000110814

3. Date 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:

CORPORATE CREATIONS NETWORK

Registered Office Address:

11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Agent:

RAUL POLA

NEW Registered Office Address:

1770 E. LAS OLAS BLVD. # 508

(MUST BE FLORIDA STREET ADDRESS)

FORT LAUDERDALE, FL 33301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

RAUL POLA

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
SEP 28 3 31 PM '11