

L11000111678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

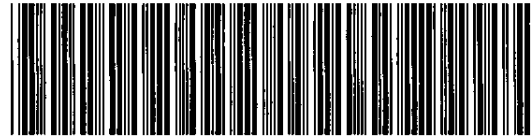
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 20 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mr.PCfixer, LLC

Name of Corporation

DOCUMENT NUMBER: L11000111678

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:

Brent Simpson

Name of Contact Person

Mr.PCFixer

Firm/Company

4519 sw 8th place

Address

Cape Coral

City/State and Zip Code

mr.pcfixer@hotmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brent Simpson

Name of Contact Person

at (239) 257-8261

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 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: Mr. Pfixer, LLC

2. (a) Principal office address of limited liability company: 4519 SW 8th Place

(Note: **MUST BE STREET ADDRESS**)

Cape Coral, Florida 33914

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

4519 SW 8th Place

Cape Coral, FL 33914

September 29, 2011

3. Date of filing/registration in Florida

L11000111678

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hays Street
Tallahassee, FL 32301

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

NEW Registered Agent:

Brent T. Simpson

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

4519 SW 8th Place

Cape Coral, FL 33914

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

Brent Simpson
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity, 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 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

2012 SEP 19
SECRETARY OF
TALLAHASSEE, FL
FILED