L34060

(Requestor's Name)			
(Address)			
(Address)				
	, radioss)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL ,		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

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000142057360

02/11/09--01016--018 **35.00





COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: Phocon Inc. (Name of	Corporation)			
DOC	UMENT NUMBER: <u>L34060</u>				
The er	nclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.			
Please	e return all correspondence concerning this mat	ter to the following:			
	Paul	a Murdock			
	(Name of Contact Person)				
	Ph	ocon Inc.			
	(Finite	Company)			
75 Winding Oak Dr. (Address)					
	Callawassi (City/State	e Island, SC 29909 and Zip Code)			
For fu	rther information concerning this matter, please	e call:			
<u> </u>	Paula Murdock (Name of Contact Person)	at (239) 560-1780 (Area Code & Daytime Telephone Number)			
Enclos	sed is a \$35.00 check made payable to the Depa	artment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2009

PAULA MURDOCK 75 WINDING OAK DR CALLAWASSIE ISLAND, SC 29909

SUBJECT: PHOCON, INC. Ref. Number: L34060

We have received your document for PHOCON, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 609A00006644

2009 APR 17 AM 8: 00 SECRETARY OF STATE TALLAHASSEE FINALE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floric cange is submitted for a corporation organized under the laws of the State of the to change its registered office or registered agent, or both, in the State of	of Florida		
	the corporation: Phocon Inc.			
	Il office address: 75 Winding Oak Dr.			
	sie Island, SC 29909			
	address (if different):			
4. Date of incom	rporation/qualification: 12/01/1989 Document number: L340	060		
	nd street address of the current registered agent and registered office on file artment of State: (If resigned, enter resigned)	with the		
	Richard E. Murdock	OS TALI		
	4723 Pinfish Ct.	9 APF		
	Bonita Springs, FL 34134	ARY ASSE		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Paula A. Murdock	07E 08		
	1.0405: NORTH BLUD. (P.O. Box NOT acceptable)			
	·TAMPA, FL. 33612			
The street addr	ress of its registered office and the street address of the business office of the identical.	of its registered agent,		
_	vas authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.			
Paula A. Murdock (Signature of an officer or director) (Printed or typed name and title)				
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and a lam familiar with and accept the obligation of my position as registeing filed merely to reflect a change in the registered office address, I he been notified in writing of this change.			
Han le	Mandol 2-/17/0 ignature of Registered Agent) (Date)	9		
	ehalf of an entity:			
Paula K	Typed or Printed Name)			

* * * FILING FEE: \$35.00 * * *