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(Requestor's Name)

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V. SULKER

OCT 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POCKET CARD NETWORK, 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:

DAN ARMSTRONG

Name of Person

LAW OFFICES OF DAN W ARMSTRONG

Firm/Company

PO BOX 1535

Address

PONTE VEDRA BEACH, FL 32004

City/State and Zip Code

DWARMSTRONG@MSN.COM

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

For further information concerning this matter, please call:

DAN ARMSTRONG at (904) 280.0058
Name of Person 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

☒ ~~\$65 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 605.0114 or 605.0116, 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: POCKET CARD NETWORKS, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

324 6TH AVENUE NORTH

324 6TH AVENUE NORTH

JACKSONVILLE BEACH, FL 32250

JACKSONVILLE BEACH, FL 32250

02/10/2003

M03000000505

3. Date of filing/registration in Florida

4. Document number

5. (a) KEN SCHAFFER

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

KEN SCHAFFER

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

100 LAUREL WAY

PONTE VEDRA BEACH, FL 32082

(b) JANN PARKER

Enter name of NEW Registered Agent and/or NEW Registered Office address:

JANN PARKER

NEW Registered Office Address:

324 6TH AVENUE NORTH

JACKSONVILLE BEACH, FL 32250

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 of a member of authorized representative member

Printed or typed name of signer

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 605, 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 of Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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