

M/10000003565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

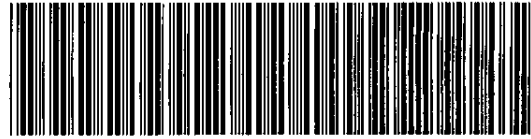
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCT Law Group, PLLC
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:

Raymond Millien, Esq.

Name of Person

PCT Law Group, PLLC

Firm/Company

2107 Hendricks Avenue, Suite 200

Address

Jacksonville, FL 32207

City/State and Zip Code

rmillien@pctlg.com

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

For further information concerning this matter, please call:

Raymond Millien

Name of Person

at (904)

701.4979

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: PCT Law Group, PLLC

2. (a) Principal office address of limited liability company: 1725 Duke Street

(Note: MUST BE STREET ADDRESS)

Suite 240
Alexandria, VA 22314

(b) Mailing address of limited liability company: 1725 Duke Street

(Note: MAY BE POST OFFICE BOX)

Suite 240
Alexandria, VA 22314

8/11/10
3. Date of filing/registration in Florida

M10000003565
4. Document number

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

Registered Agent: Steven M. Greenberg, Esq.

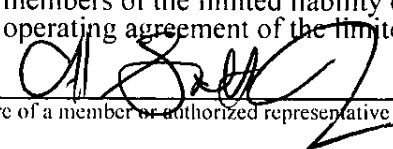
Registered Office Address: 950 Peninsula Corp. Cir.
Suite 2022
Boca Raton, FL 33487

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

NEW Registered Agent: Raymond Millien, Esq.

NEW Registered Office Address: 2107 Hendricks Avenue
(MUST BE FLORIDA STREET ADDRESS) Suite 200
Jacksonville, FL 32207

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 or authorized representative of a member

H. Scott Johnson, Jr.

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 of Registered Agent

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

FILING FEE: \$25.00