N1000000000000053

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	dress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RARD (Chs)

COVER LETTER

Division of	Corporations			
SUBJECT:	PC Reguladores Name of Co	LEMC, Inc.		
DOCUMENT NUM	iber: N100	000006653		
	ent of Change of Registered Office	/Agent and fee are submit	ted for filing.	
	respondence concerning this matter		J	
		Ü		
	Caren F	Roybal		
_	Caren F Name of Con	tact Person	·	
_	Caren Roybal, P.A. Firm/Company			
	rimi/Co	mpany		
	P.O. Bo	v 1642	·	
-	Addr			
	Panama City, F	L 32402-1642		
-	Panama City, F City/State an	d Zip Code		
	doug.carter@l	knology.net		
doug.carter@knology.net E-mail address: (to be used for future annual report notification)				
For further informat	ion concerning this matter, please c	all:		
	Caron Daybal	950	774 0400	
Nam	Caren Roybal e of Contact Person	at (<u>850</u>) Area Code & Daytir	ne Telephone Number	
		•	•	
Enclosed is a \$35.00	check made payable to the Departs	ment of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Se	ction	
	Division of Corporations	Division of Co		
	P.O. Box 6327	Clifton Buildin	_	
	Tallahassee, FL 32314	2661 Executive	-	
		Tallahassee Fl	•	

TO:

Amendment Section

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

statement of change	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, F. te is submitted for a corporation organized under the laws of the St. to change its registered office or registered agent, or both, in the St.	ate of Florida
1. The name of the	corporation: PC Reguladores LEMC, Inc.	
2. The principal off	fice address: 1904 Oakcrest Ln., Southport, FL 32409	
3. The mailing addr	ress (if different):	
4. Date of incorpora	ration/qualification: July 14, 2010 Document number:	N10000006653
	reet address of the current registered agent and registered office on tent of State: (If resigned, enter resigned)	file with the
Υ	nichael Streichert	
1	LOU TEXAS AVE	TALE TALE
1	ynn Hanen, F1 33444	O OCI
6. The name and str (if changed):	treet address of the new registered agent (if changed) and /or registered	10 OCT -4 M 9: 59 ered office
<u>D</u>	Danny Stallings	ي ج
<u>19</u>	904 Oakcrest Ln. P.O. Box NOT acceptable	<u> </u>
S	Southport, FL 32409	
The street address as changed will be	of its registered office and the street address of the business office identical:	ice of its registered agent,
	authorized by resolution duly adopted by its board of directors of board, or the corporation has been notified in writing of the char	
	Danny Stallin of an officer or director Danny Stallin Printed or typed no	gs, President
I hereby accept the I further agree to c of my duties, and I document is being corporation has be	e appointment as registered agent and agree to act in this capac comply with the provisions of all statutes relative to the proper of I am familiar with and accept the obligation of my position as re filed merely to reflect a change in the registered office address, een notified in writing of this change.	oits.
D. 50	actures Date Date	ت مر م
Signatu If signing on behal	200	
	·	
Турес	ed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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