

N13000001734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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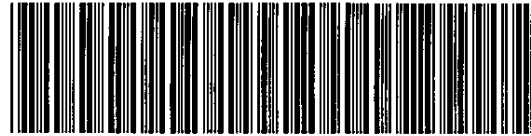
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32304

SEP 08 2014

C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Priority Pointe, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N13000001734

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:

Marc J. Krug

Name of Contact Person

Priority Pointe, Inc.

Firm/Company

2208 Twin Pine Cr. West

Address

Jacksonville, Florida 32246

City/State and Zip Code

jon@jonkrug.com

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

For further information concerning this matter, please call:

Marc Krug

Name of Contact Person

at ( 904 ) 502-6224

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 CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Priority Pointe, Inc.
2. The principal office address: 2208 Twin Pine Cr. West
3. The mailing address (if different): 2208 Twin Pine Cr. West

4. Date of incorporation/qualification: April 02, 2014 Document number: N13000001734

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jonathan Coit Krug RA

11244 Turnbridge Dr.

Jacksonville, FL 32256 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Marc J. Krug PE RA

2208 Twin Pine Cr. West

P.O. Box NOT acceptable

Jacksonville, FL 32246

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Marc J. Krug  
Signature of an officer or director

Marc J. Krug, President

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Marc J. Krug  
Signature of Registered Agent

August 26, 2014

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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