

PO000000007224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

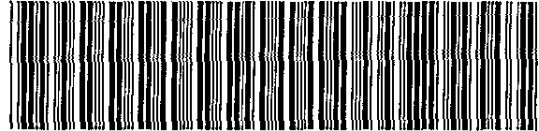
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100060056631

10/04/05--01014--016 **35.00

05 OCT 04 PM 2:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

100

**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, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : P.D.C. Group Inc
2. The mailing address of the corporation : 19001 S.W. 50th Street
S.W. Ranches, FL 33332
3. Date of incorporation/qualification: April 12, 2004 Document number: P00000007224
4. The name and address of the current registered agent and registered office: Current Reg Agt.
Anthony Parrillo KRISTOPHER PARRILLO
19001 S.W. 50th Street 6430 S.W. 188 AVE.
S.W. Ranches, FL 33332 SOUTHWEST RANCHES, FL
5. The name and address of the new registered agent (if changed) and /or registered office (if changed): 33332
(P.O. Box NOT Acceptable)

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

9-30-05
(Date)

Anthony Parrillo (Vice President)
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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