POUD 1/534/

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only

3/207



300144568153

02/27/09--01010--019 **35.00

Physics of the second of the s

TALLED SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: PSTN (NC (Name of Corporation)
DOCUMENT NUMBER: P00000 115344
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:
SCOTT HOR STEMEYER (Name of Contact Person)
PSTN (NC (Firm/Company)
Po Box 724914 (Address)
ATLANTA GA 3(139 - (914 (City/State and Zip Code)
For further information concerning this matter, please call:
SCOTT HORSTCHEYER at (700) 933-9500 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

\$33.00 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: PSTN INC
2. The principal office address: 1990 FRONT BEACH RD., PANAMA CITY BEACH FL 32413
3. The mailing address (if different): PO Box 724914 ATLANTA GA 31139
4. Date of incorporation/qualification: 12/18/2000 Document number: P00000115344
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)
PATRICIA A. FLOYD
13916 BRAMBLE BUSH COURT E TO THE
ORLANDO FL 32832 2 7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GORDON BREMER
1930 COVE LANE (P.O. Box NOT acceptable)
CLEARWATER FL 33764
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.
SCOT HORSTEMEYER DIRECTOR
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.
+ formation (Signature of Registered Agent) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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