

P02000062970

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : FLORIDA INCORPORATORS, INC.
Account Number : 075350000473
Phone : (305)379-7907
Fax Number : (305)402-3141

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

PC SUPPORTLIVE INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	887.50

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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: **PC SUPPORTLIVE INC.**
- 2. The principal office address: **2202 N WESTSHORE BLVD STE 200**
TAMPA FL 33607
- 3. The mailing address (if different): **2202 N WESTSHORE BLVD STE 200**
TAMPA FL 33607
- 4. Date of incorporation/qualification: **06/07/2002** Document number: **P02000062970**
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BRYSON, JOHN J
1722 SHADY LEAF DRIVE
VALRICO FL 33594

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- FLORIDA INCORPORATORS, INC.**
8875 HIDDEN RIVER Pkwy. Ste. 300
(P.O. Box or personal mailbox NOT acceptable)
Tampa, FL 33637

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 TALLAHASSEE, FLORIDA

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.

John Bryson
(Signature of an officer, chairman or vice chairman of the board)

John J. Bryson, Incorporator & Director
(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.

Mark Hankins
(Signature of Registered Agent)

7/26/02
(Date)

If signing on behalf of an entity:

Mark Hankins
(Typed or Printed Name)

President
(Capacity)

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

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