P02000125340

(Requestor's Name)				
(Ad	dress)	<u> </u>		
(Ad	dress)			
(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
	-			
(Bu	siness Entity Nan	ne)		
(Do	cument Number)	·· ·		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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<u> </u>				

Office Use Only



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02/10/03--01112--004 **35.00

D3 FEB 10 PM 1:54

TRANSMITTAL LETTER

SUBJECT:	PCBAANG,	
DOCUMENT N	NUMBER: POZOV	lame of corporation)
The enclosed Sta	atement of Change of Registe	tered Office/Agent and fee are submitted for filing.
Please return all	correspondence concerning t	this matter to the following:
KAH	(Name of person)	<u> </u>
Pc	RAANG TNC (Name of firm/company)	<u>•</u>
5406	2/4th Court (Address)	South
Boc	A RATOD, RC (City/state and zip code)	33486
For further infor	mation concerning this matte	ter, please call:
Kat	hleen Hammono Name of person)	at (\frac{\finter{\frac{\finte}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}{\firac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}{\firan

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

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

	e provisions of secti				•
	f change is submitte in order to c				
of Florida.					oom, in the state
1. The name of	the corporation:	PCRAI	4N6, INC	•	
2. The principal	office address:	MY06 2.	14th Cour.	- South	
	office address:	SOCA RA	FON, FL	33426	
	address (if different)				
4. Date of incor	poration/qualification	on: <u>//- d V - 0</u>	2 Docu	ment number: P	02060125340
	d street address of th rtment of State:	e current registe	ered agent and reg	sistered office on	file with the
	LEONA	ROO FAR	KAS		
	21445	ryted	Rive Sou	NTH	IO ARY SSE
			FC 3341		
6. The name as changed):	nd street address of	the new registe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		egistered of the (if
			COURT SOU ailbox NOT acceptable)		
The street addragent, as chang	ess of its registered ed will be identical.	office and the s	·		e of its registered
Such change wauthorized by t	as authorized by res he board, or the corp				
	r, chairman or vice chairman	of the board)	KATHLEE (Printed	or typed name and title)	10, PRESIOENT
i juriner agree performance oj registered aggi	t the appointment as to comply with the p f my duties, and I an it. Or, if this docum I hereby confirm the	provisions of all n familiar with d ent is being file	i statutes relative and accept the ob ed merelv to refle	to the proper an pligation of my po ct a change in th	id complete Osition as e registered
	Tonnor (Signature of Registered Agent	.		(Date)	· .
If signing on beha		,		(Date)	
	Typed or Printed Name)			(Canacity)	

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