P04000104623

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | 2 #\ |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Power Enterprises use Inc. (Name of Corporation) |
| DOCUMENT NUMBER: Po400104623. |
| 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: |
| (Name of Contact Person) |
| POLLOGIC ENTER PRISES USA INC (Firm/Company) |
| 1307 COTTON WOOD STREET. (Address) |
| Euroceu, FL 3210. (City/State and Zip Code) For further information concerning this matter, please call: |
| (Name of Contact Person) at (386) 446 3833. (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Amendment Section Amendment Section Amendment Section |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

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 | - |
|--|---------------------------------------|
| 1. The name of the corporation: POLLOCK ENTERPRISES USA, INC. | ··· · · · · · · · · · · · · · · · · · |
| 2. The principal office address: \35\ CoTTONSOOD STREET. | |
| BUNNELL, FL 32110. | ····· |
| 3. The mailing address (if different): P.O. 350234. PALE COAST FL 32135. | |
| 4. Date of incorporation/qualification: 7 142004 Document number: Pour con our | <u>,73</u> |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | |
| 16 PATWENT LANE | |
| Par Csast. | |
| FL, 32164 | ean Cr. |
| 6. The name and street address of the new registered agent (if changed) and /or registered office SRY OF REGISTER OF THE PROPERTY OF THE PROPE | |
| BUNNELL. (P.O. Box NOT acceptable) | |
| FL 32110. | |
| The street address of its registered office and the street address of the business office of its registered age as changed will be identical. | nt, |
| 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. | |
| R. R. Company Report Policy (Signature of an officer or 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 performation of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the 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. | nce this the |
| P. Fellock (Signature of Registered Agent) (Date) | _ |
| (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 * * *