## P04000120092

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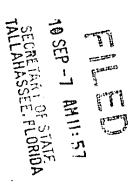
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: PC Doctor, Inc.  Name of Corporation		
DOCUMENT NUMBER: P04000120092		
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		
PC Doctor Inc. Firm/Company		
5825 NW 122 Dr. Address		
Coral Springs, FL 33076 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Karoli Bata at (954) 214-9646  Name of Contact Person Area Code & Daytime Telephone Number		
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  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.
1. The name of the corporation: PC Doctor, Inc.
2. The principal office address: 5825 NW 122 Do.
Coral Springs, FL 33076
3. The mailing address (if different):
4. Date of incorporation/qualification: 8-18-2004 Document number: P64000 12009.
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)
Elelka Erea
2808 NW 121 St.
Coral Springs FL 33076 Est is
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
William Shane Brown
1934 SW St. Andrews
P.O. Box NOT acceptable
Palm City, FL 34990
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.
Signature of an officer or director  Signature of an officer or director  Signature of an officer or director  Printed only ped 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.
Available Marie of Registered Agent S-26-1:0  Date
· • · · · · · · · · · · · · · · · · · ·
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

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