P04000120506

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TO:	Amendment Section Division of Corporations
SUBJE	CCT: POCALO INC.
	(Name of corporation)
DOCU	MENT NUMBER: P04000120506
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	ERIK O LOGDBERG
	(Name of contact person)
	POCALO INC.
	(Firm/Company)
	9745 BAY HARBOR TERRACE, APT. #26
	(Address)
	BAY HARBOR ISLANDS, FL 33154
	(City/state and zip code)
For furt	her information concerning this matter, please call:
ERIK O	LOGDBERG at (786) 553-0910
	(Name of contact person) at (786) 553-0910 (Area code & daytime telephone number)
Enclose	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

statement of cha	provisions of sections 607.0 ange is submitted for a corpo	ration organized	under the laws of the State	of Florida	this ——–	_		
	er to change its registered of		agent, or both, in the State	ој г юнии.				
1. The name of the corporation: POCALO INC. 2. The principal office address: 9745 BAY HARBOR TER., APT. #26, BAY HARBOR ISLANDS, FL 33154								
2. The principal	office address: 3740 DAT1	IARDOR TERE,	1. 120, DAT TIMBORT	1023 1100, 1				
3. The mailing	address (if different):							
4. Date of incor	poration/qualification: 8/19/	2004	_ Document number: P040	000120506				
	d street address of the curren rtment of State:	t registered agen	and registered office on file	e with the				
	ERIK O LOGDBERG			5 .	_			
	8400 SW 156 ST			<u> </u>	05 AU			
	PALMETTO BAY, FL 331	57		SSAH HASS	AUG 25			
6. The name and (if changed):	d street address of the new re	egistered agent (i	f changed) and /or registered	d office	7			
	ERIK O LOGDBERG			RAC	Ç			
	9745 BAY HARBOR TER. (P.O. Box	, APT #26, BAY NOT acceptable)	HARBOR ISLANDS, FL 3	33154				
The street addr	ess of its registered office a l be identical.	nd the street add	ress of the business office	of its registe	ered ag	ent,		
Such change wauthorized by t	as authorized by resolution he board, or the corporation	duly adopted by has been notifi	its board of directors or bed in writing of the change	y an officer	so			
7	50/4/	E	RIK O. LOGDBERG - DIR			_		
I hereby accen	ure of an official or director) I the appointment as registe to comply with the provision and I am familiar with and a ing filed merely to reflect a s been notified in writing of	red agent and a ns of all statutes ccept the obligat change in the re this change.	(Printed or typed name gree to act in this capacity relative to the proper and tion of my position as regis gistered office address, I h	,	erforme Or, if rm that	ance this the		
	30/1	•	8/22/05					
·	gnature of Registered Agent)		(Datc)					
If signing on be	ehalf of an entity:							
	Typed or Printed Name)							

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