

P04000127177

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R.A.

OCT 30 2012  
T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **PMF, Inc.**

Name of Corporation

**DOCUMENT NUMBER:** **P04000127177**

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:

**Scott Cugno**

Name of Contact Person

Firm/Company

**142 W. Platt St., Suite 118**

Address

**Tampa, FL 33606**

City/State and Zip Code

**john@jjmcpa.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Scott Cugno**

Name of Contact Person

at ( **813** ) **205-4540**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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CR2 15 (03/1)  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2012

SCOTT CUGNO  
142 W PLATT ST STE 118  
TAMPA, FL 33606

SUBJECT: PMF, INC.  
Ref. Number: P04000127177

We have received your document for PMF, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown  
Regulatory Specialist II

Letter Number: 712A00024881

**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: PMF, Inc.
2. The principal office address: 142 W. Platt St., Suite 118  
Tampa, FL 33606
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/8/04 Document number: P04000127177
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)

CT Corporation System

1200 South Pine Island Rd.

Plantation, FL 33324 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Scott Cugno

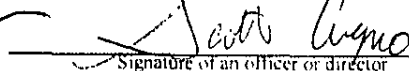
142 W. Platt St., Suite 118

P.O. Box NOT acceptable

Tampa, FL 33606 US

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

Scott Cugno

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.*

9-26-12

Signature of Registered Agent

Date

If signing on behalf of an entity:

Scott Cugno

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 (03/12)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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