

P05000071292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

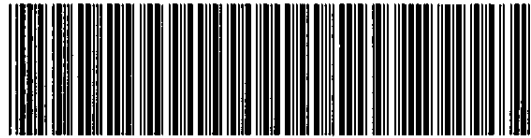
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800186826508

10/25/10--01014--014 **35.00

FILED
2010 OCT 25 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A.

TB

OCT 27 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Agent Address: Sockman Real Estate Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000071292

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:

Franklin L. Sockman

Name of Contact Person

Sockman Real Estate Services

Firm/Company

194 Willow Oak Way

Address

Palm Coast, Florida

City/State and Zip Code

flspalmcoast@msn.com

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

For further information concerning this matter, please call:

Franklin L. Sockman

Name of Contact Person

at (386)

503-9363

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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sockman Real Estate Services, Inc.

2. The principal office address: 194 Willow Oak Way, Palm Coast, Florida 32137

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/16/2005 Document number: P05000071292

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)

Frank Sockman

5 SAND PINE DRIVE

Palm Coast, Florida 32137

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

FRANK L. SOCKMAN

194 WILLOW OAK WAY

P.O. Box NOT acceptable

PALM COAST, FL 32137

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 25 PM 12: 08

FILED

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.

Franklin L. Sockman
Signature of an officer or director

Franklin L. Sockman
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.

Franklin L. Sockman
Signature of Registered Agent

10-18-2010
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