## P05000071292

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)	<del></del>		
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100226130521

03/26/12--01025--019 \*\*35.00

RA - Chy

12 HAR 26 PH 12: 34
SECRETARY OF STATE
TALL AHASSEE FLORIDA

MAR 2 8 2012 T. ROBERTS

## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SUBJE		Estate Services, In	<u>c.</u>			
		•				
DOCU	MENT NUMBER:	P05000071292	<u> </u>			
The enc	losed Statement of Change of Registered	l Office/Agent and fee are	submitted for filing.			
Please r	eturn all correspondence concerning this	matter to the following:				
	Frai	nk L. Sockman				
	Name	of Contact Person				
		eal Estate Services, In irm/Company	<u>C.</u>			
	•	iiii, Company				
	194 \	Nillow Oak Way				
		Address				
	•					
	Palm	Coast, FL 32137				
	City/State and Zip Code					
	fisnalme	coast@msn.com				
	E-mail address: (to be use	d for future annual repor	rt notification)			
For furt	her information concerning this matter, p	olease call:				
	Frank Sockman	at ( 386 )	503-9363			
	Name of Contact Person	Area Code &	Daytime Telephone Number			
Enclose	d is a \$35.00 check made payable to the	Department of State.				
	Mailing Address:	Street A	ddress:			
	Amendment Section	Amendn	nent Section			
	Division of Corporation		of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		Building ecutive Center Circle			
	1 alianassee, FL 32314	4 2001 EX	ecutive Center Circle			

Tallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, onge is submitted for a corporation organize	d under the laws of the State	of Florida		
in orde	r to change its registered office or registere	d agent, or both, in the State	of Florida.		
	he corporation: Sockman Real Est				
2. The principal	office address: 194 Willow Oak Way,	Palm Coast, FL. 32137			
3. The mailing a	ddress (if different): As above				
4. Date of incorp	poration/qualification: 05-16-2005	Document number:	P05000071292		
	street address of the current registered ager trnent of State: (If resigned, enter resigned)	nt and registered office on fil	e with the		
	Frank L. Sockman / Director		PC # -		
	194 Willow Oak Way, Palm Coast	, FL 32137	- 1 6 P		
6. The name and (if changed):	I street address of the new registered agent (	if changed) and /or registered	d office		
	Bruce E. Green, Manager		···············		
	194 Willow Oak Way, Palm Coast, FL. 32137				
	P.O. Box NOT ac	cceptable			
as changed will	ess of its registered office and the street ad be identical.  as authorized by resolution duly adopted be be board, or the corporation has been notif				
authorized by tr	ne board, or the corporation has been notif				
Signatu	re of an officer or director	Frank L. Sockma Printed or typed name	n / Director and title		
I hereby accept I further agree a of my duties, an document is bei corporation has	the appointment as registered agent and c to comply with the provisions of all statute d I am familiar with and accept the obliga ng filed merely to reflect a change in the r s been notified in writing of this change.	agree to act in this capacity is relative to the proper and ation of my position as regis registered office address, I i	i complete performance stered agent. Or, if this hereby confirm that the		
1		03-23-20	)12		
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
	yped or Printed Name				

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