P05000084366

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R.A.

TR MAY 24 2010

COVER LETTER

TO:	Amendment Section Division of Corpora	n ations					
SUBJI	ECT:	PRCM CO					
		Name of Co	prporation				
DOCU	JMENT NUMBER:	P050	000084366				
The en	closed Statement of	Change of Registered Office	Agent and fee are submitted for filing.				
Please	return all correspond	ence concerning this matter	to the following:				
		JOSE G LOPE	Z-MECKLER				
		Name of Con	tact Person				
	PRCM CORP						
		Firm/Co					
	6368 UNGERER ST Address						
		Addr	ess				
		JUPITER. FL	33458- 6698				
	City/State and Zip Code						
		JLMECKLER@C	OMCAST NET				
	E-mail	address: (to be used for fi	ature annual report notification)				
For fu	ther information con	cerning this matter, please c	all:				
	JOSE (SLOPEZ	at (561) 262 9407				
	Name of Co	ntact Person	at (561) 262 9407 Area Code & Daytime Telephone Number				
Enclos	ed is a \$35.00 check	made payable to the Departi	ment of State.				
		ulling Address:	Street Address: Amendment Section				
		vision of Corporations	Division of Corporations				
		D. Box 6327	Clifton Building				
	Ta	llahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

TO:

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

statement of cha	inge is submitted for a co	rporation organized	607.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	ate of FL	_
	the corporation: PRCN office address: 4992 10		TTON/ TH. GREENACRES	, FL 33461	
3. The mailing a	ddress (if different): 636	68 UNGERER S	ST. JUPITER. FL 334	158-6698	
4. Date of incorp	poration/qualification:	06/11/2005	Document number:	P050000843	66
	I street address of the currement of State: (If resign		t and registered office on	file with the	
	ROSELITO PIMEN	ITEL. 6361 ADF	RIATIC WAY		
	WEST PALM BEAG	CH. FL 33413			
	(RESIGNED)			TALL	3
6. The name and (if changed):	JOSE G LOPEZ-M	ECKLER		CRETARY OF STA	TILED
as changed will	be identical.		dress of the business office	ce of its registered ag	gent,
RF	as authorized by resolutine board, or the corporat	on duly adopted by ion has been notifi	y its board of directors of ed in writing of the chan Printed or typed na	r by an officer so ge.	President
I further agree of my duties, an document is bei corporation has	to comply with the provi	sions of all statute. I accept the obliga t a change in the ri	gree to act in this capac s relative to the proper a tion of my position as re egistered office address, Date	nd complete perform gistered agent. Or, ij I hereby confirm thai	ance f this t the
Jose 6	chalf of an entity: . Lopez-Me	ckler			

* * * 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)