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TALLAHASSEE, FLORIDA

As 5/15/04.

COVER LETTER

TO:	Amendment Section Division of Corporations	,	
SUBJI	ECT: PCB Top Producers, Inc. (Name of Co.	rporation)	
DOCU	JMENT NUMBER: P06000066709		
The en	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter t	to the following:	
	John L. Gioiello, Esquire (Name of Cont	act Person)	
	John L. Gioiello, P.A. (Firm/Con	npany)	
	404 Jenks Avenue (Addre	ess)	
	Panama City, Florida 32401 (City/State and	Zip Code)	
For further information concerning this matter, please call:			
John L	Gioiello, P.A. (Name of Contact Person)	at (850) 763-9006 (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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of t	he corporation: PCB Top Producers, Inc.		
2. The principal office address: 6504 Thomas Drive, Panama City Beach, Florida 32408			
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 05/11/2006 Document number: P06000066709		
	street address of the current registered agent and registered office on file with the tment of State:		
·	Marvin Stroud		
	6504 Thomas Drive, Panama City Beach, Florida 32408		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Rebecca Tice 6504 Thomas Drive, Panama City Beach, Florida 32408		
	6504 Thomas Drive, Panama City Beach, Florida 32408 (P.O. Box NOT acceptable)		
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.		
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.		
+ Kisuratu	re of an officer or diffector) Kesserva L. Tice President (Printed or typed name and title)		
I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.		
1 Relicce	nature of Registered Agent) D8/31/06 (Date)		
If signing on be	half of an entity:		
(1)	yped 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 (8/05)