

P070000009806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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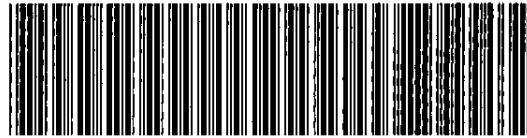
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

PROCTEK INC.

Name of Corporation

DOCUMENT NUMBER: _____

P07000009806

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:

RENZO NAVARRETE

Name of Contact Person

PROCTEK INC.

Firm/Company

3651 PEGASUS DRIVE SUITE 117

Address

BAKERSTFIELD, CA - 93308

City/State and Zip Code

renzo.navarrete@proctekweb.com

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

For further information concerning this matter, please call:

RENZO NAVARRETE

Name of Contact Person

at (661) 310-2599

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

1. The name of the corporation: PROCTEK INC
2. The principal office address: 1320 LAKE POLO DRIVE
ODESSA, FLORIDA 33556
3. The mailing address (if different): 3651 PEGASUS DRIVE SUITE 117
BAKERFIELD, CA. 93308
4. Date of incorporation/qualification: 01/22/2007 Document number: P07000009806

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)

MONICA MARTINEZ
10903 ARBOR RIDGE DRIVE
TAMPA FLORIDA 33624

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

MONICA MARTINEZ
1320 LAKE POLO DRIVE
P.O. Box NOT acceptable
ODESSA, FLORIDA 33556

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TALLAHASSEE, FLORIDA

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.

JOSE PEÑA
Signature of an officer or director

JOSE PEÑA
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.

Monica Martinez
Signature of Registered Agent

MONICA MARTINEZ 11/29/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

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