

PD 70022 44617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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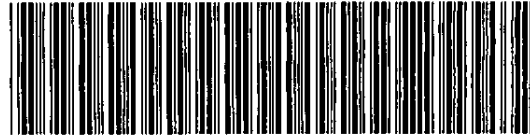
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 21 PM 1:49

PA [Signature]
5/22/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2013

MICHELE KROHN
FULL CIRCLE PR INC
8370 W. HILLSBOROUGH AVE, STE 206
TAMPA, FL 33615

SUBJECT: FULL CIRCLE PR, INC.
Ref. Number: P07000044617

We have received your document for FULL CIRCLE PR, INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 213A00010845

RECEIVED
13 MAY 21 AM 10:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Full Circle PR, Inc
Name of Corporation

DOCUMENT NUMBER: P07000044617

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:

Michele Krohn
Name of Contact Person

Full Circle PR Inc
Firm/Company

8370 W. Hillsborough Ave., Suite 206
Address

Tampa, FL 33615
City/State and Zip Code

Michele@Fullcircle-pr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Krohn at (727) 410-9628
Name of Contact Person 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

RECEIVED
13 MAY - 1 AM 8:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT FOR
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: Full Circle PR, Inc
2. The principal office address: 8370 W. Hillsborough Ave, Suite 206
Tampa, FL 33615
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 4/10/2007 Document number P07000044617

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)

3001 N. Rocky Point Dr. East, Suite 200
Tampa, FL 33607

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

8370 W. Hillsborough Ave, Suite 206
Tampa, FL 33615

P.O. Box NOT acceptable

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DIVISION OF CORPORATIONS

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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.

Michelle M. Krohn
Signature of an officer or director

Michele M. Krohn, President
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.

Michelle M. Krohn
Signature of Registered Agent

4/22/13
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

CR2E045 (03/12)