P08000001811

(Requestor's Name)	_						
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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R.A

JAN 26 2010

COVER LETTER

TO:	Amendmen Division of	at Section Corporations	-						
SUBJ	ECT:	POT DEC	OR, INC. f Corporation						
DOC	UMENT NU	MBER: PO	8000001811						
The cr	nclosed Stater	ment of Change of Registered Off	fice/Agent and fee are submitted for filing.						
Please	return all cor	respondence concerning this mat	tter to the following:						
	-	Richard Name of C	L. Richards Contact Person						
		Richarde	& Associates						
			Company						
			ia Ave, Suite 202						
		A	ddress						
		Coral Gable	s. Florida 33134						
		City/State	s, Florida 33134 and Zip Code						
		rrichards@	@richpa.net						
	E-mail address: (to be used for future annual report notification)								
For fu	rther informa	tion concerning this matter, pleas	se call:						
	Ri	chard L. Richards	at (305) 448-223	28					
		ne of Contact Person	at (305) 448-222 Area Code & Daytime Telephone	Number					
Enclos	sed is a \$35.0	0 check made payable to the Dep	partment 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 Circ Tallahassee, FL 32301	cle					

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

statement of char	rovisions of sections 607.0502 ge is submitted for a corporat	tion organized	under the laws of the Stat	e of Flori	da	·
	to change its registered office	Ü	agent, or both, in the Stat	e of Florid	la.	
	e corporation: POT DEC					
2. The principal of	ffice address: 3408 WEST	84 STREE	T, SUITE 311			
HIALEAH F	L 33018					
3. The mailing ad	dress (if different): same as	s above				
4. Date of incorpo	oration/qualification: 01/	/07/2008	Document number:	P080	000018	11
	street address of the current rement of State: (If resigned, en		and registered office on fi	ile with the	;	
-	COTO, LUIS J					
	16819 SW 16 STREET			\(\vec{\beta} \)	ے 20	
_	PEMBROKE PINES FL	33027 US		F	2010 JAN 22 Secretary	
6. The name and (if changed):	PEMBROKE PINES FL	stered agent (if	changed) and /or registere	ad offices	 <	一一
	Richard L. Richards				PH 3:	D
-	232 Andalusia Avenue,	Suite 202 P.O. Box NOT acce	ntable	Rio	46	
-	Coral Gables, Florida 33					
The street addres as changed will b	s of its registered office and be identical.	the street add	ress of the business office	e of its reg	istered ag	ent,
Such change was authorized by the	authorized by resolution du board or the corporation ha	ly adopted by as been notific	its board of directors or d in writing of the chang	by an offic c.	cer so	
Signature	of an officer or strector		Jose Garces,	Preside	nt	_
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment as registered comply with the provisions I am familiar with and acce g filed merely to reflect a ch been notified in writing of th	d agent and ag of all statutes opt the obligat ange in the re is change	ree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	y. d complete istered age hereby co	e performe ent. Or, if nfirm that	ance this the
			1-10-1	0		_
If signing on beh	nture of Registered Agent alf of an entity:		Date			
- -	•					
Туј	ped or Printed Name					

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