08000091058

(Re	equestor's Name)	
(Ac	ldress)	
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(Ac	ldress)	
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	ty/State/Zip/Phone	
(CI	ty/State/Zip/Filone	; 11)
PICK-UP	WAIT	MAIL
<u></u>		
		···
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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10/03/11--01016--001 **35.00

R.A.

1Brown 10-27-11

COVER LETTER

то:	Amendment Sec Division of Cor	ction porations		
SUBJ	ECT:	Peerdru Name of	m INC Corporation	
DOC	UMENT NUMBE	R: P08	3000091058	
		of Change of Registered Off	ce/Agent and fee are su	ibmitted for filing.
Please	return all corresp	ondence concerning this matt	er to the following:	
	•	_		
	·	Toby Name of C	Gialluca ontact Person	
		Peero	Irum Inc	
		Firm/C	Company	
			e Drive	_
		Ac	dress	
		O-int Avenue	.4i El 20090	
		Saint Augus City/State	atine, FI 32080 and Zip Code	
			.,	•
	F-m	tobyg1@- ail address: (to be used for	gmail.com	notification)
	15-111	un address. (to be ased for	rataro aminar report	
For fu	rther information	concerning this matter, please	call:	
	Tob	y Gialluca	at (904)	347-6463
	Name of	by Gialluca Contact Person	Area Code & D	347-6463 Daytime Telephone Number
Enclos		eck made payable to the Depa		
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Bu	nt Section f Corporations

Tallahassee, FL 32301

CR2E045 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2011

TOBY GIALLUCA PEERDRUM INC. 62 LEE DR ST AUGUSTINE, FL 32080

SUBJECT: PEERDRUM INC. Ref. Number: P08000091058

We have received your document for PEERDRUM INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign this document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 011A00022787

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta unge is submitted for a corporation organized under the laws of the State of Flo er to change its registered office or registered agent, or both, in the State of Flor	orida	<u></u>	
1. The name of	the corporation: Peerdrum Inc			
2. The principal	office address: 413 Chamberlain Drive			
3. The mailing a	address (if different):			_
4. Date of incor	poration/qualification: 06/25/2008 Document number: P0	800009	1058	_
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the		
•	Toby E Gialluca			
	413 Chamberlain Dr	=	2	
	Saint Augustine, FI 32086	SEC:		44
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	RETARY	011 OCT 27	_
	Toby E Gialluca	of S	TO	I T
	62 Lee Drive	ORII ORII	 co	•
	P.O. Box NOT acceptable Saint Augustine, Fl 32080	اسلا در ارسم		
779			daaant	
	ess of its registered office and the street address of the business office of its is be identical.		ragem,	
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ificer so		
JOJA	Toby E Giallluca Director Printed or typed name and title	ector		
I further agree of my duties, ar document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and compid I am familiar with and accept the obligation of my position as registered a fing filed merely to reflect a change in the registered office address. I hereby some notified in writing of this change.	lete perfo igent. O confirm	ormance r, if this that the	
Dh.	Sialle 09/30/2011			
ð	ntime of Registered Agent Date			
It signing on be	chalf of an entity:			
Ť	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)