P09000012808

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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COVER LETTER

TO: Amendmen Division of	t Section Corporations				
SUBJECT:	Pollock Logistics	Solutions, Inc.			
DOCUMENT NUM	MBER: P09	000012808			
The enclosed Staten	nent of Change of Registered Offic	ce/Agent and fee are submitted for filing.			
Please return all cor	respondence concerning this matte	er to the following:			
	Theodo	re Pollock			
_	Name of Co	ontact Person			
		es Solutions, Inc.			
	Firm/C	ompany			
		ngton Drive			
	Ade	dress			
		• •			
-	Boynton Bea	nd Zip Code			
	Chy/State a	nd Zip Code			
	tpollock@pollock	c-consulting.com			
E-mail address: (to be used for future annual report notification)					
For further informat	ion concerning this matter, please	call:			
T	heodore Pollock	at (561) 731-2283			
Nam	e of Contact Person	Area Code & Daytime Telephone Numb	er		
Enclosed is a \$35.00) check made payable to the Depar	tment 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			



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2009

THEODORE POLLOCK POLLOCK LOGISTICS SOLUTIONS, INC. 7711 BRIDLINGTON DR BOYNTON BEACH, FL 33472

SUBJECT: POLLOCK LOGISTICS SOLUTIONS, INC.

Ref. Number: P09000012808

We have received your document for POLLOCK LOGISTICS SOLUTIONS, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Letter Number: 909A00033749

Teresa Brown Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

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 5 inge is submitted for a corporation organized under the laws of the State of <u>F</u> ir to change its registered office or registered agent, or both, in the State of Fi	lorida		_
	the corporation: Pollock Logistics Solutions, Inc. office address: 7711 Bridlington Drive, Boynton Beach, FL 33472	2		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 2/10/2009 Document number: P	09000	01280)8
	I street address of the current registered agent and registered office on file wit tment of State: (If resigned, enter resigned)	h the		
	Corporation Service Company	Ŧ		
	1201 Hays Street	⊼ ∽	20	
	Tallahassee, FL 32301		AON 6902	- Managaring
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	ETARY (OV -2	* 1
	Theodore Pollock	F.S.	<u> </u>	[] [
	7711 Bridlington Drive, Boynton Beach, FL 33472 P.O. Box NOT acceptable	ÎATE ORIDA	9: 28	
The street addre	ess of its registered office and the street address of the business office of its be identical.	registe	ered ago	ent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an ite board, of the corporation has been notified in writing of the change.	officer	so	
Signatur	Theodox Pollock e of an officer or director Printed or typed name and all Printed or typed name and all	Pr.	aden	
I hereby accept I further agree t of my duties, an document is beil corporation has	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 com d I am familiar with and accept the obligation of my position as registered ag filed merely to reflect a change in the registered office address, I hereb been notified in writing of this change.	^	arforma Or, if m thát	ince this the
Sign	Talle Ch atture of Registered Agent Date	7		_
If signing on be	half of an entity:	•		
Ty	rped or Printed Name			
	* * * FILING EFF. \$25.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)