

P10000031643

(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
TALLAHASSEE, FLORIDA

Handwritten signatures and initials, including "Cheng" and "62012".

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRO DESIGN COMMUNICATIONS, INC.

Name of Corporation

DOCUMENT NUMBER: P10000031643

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RANDALL WOODRUFF

Name of Contact Person

SUNCOAST CPA GROUP, PLLC

Firm/Company

801 S. BROAD STREET

Address

BROOKSVILLE, FL 34601

City/State and Zip Code

randy.woodruff@suncoastcpagroup.com

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

For further information concerning this matter, please call:

Randall Woodruff

Name of Contact Person

at (352) 796-3224

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

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

1. The name of the corporation: PRO DESIGN COMMUNICATIONS, INC.
2. The principal office address: 801 S BROAD STREET
BROOKSVILLE, FL 34601
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/12/10 Document number: P10000031643
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)

PAUL A SQUIRES
1011E NORVELL BRYANT HWY
HERNANDO, FL 34442

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

PAUL A SQUIRES
801 S BROAD STREET
BROOKSVILLE, FL 34601

P.O. Box NOT acceptable

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.

PAUL A SQUIRES, PRES

Signature of an officer or director

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.


Signature of Registered Agent

6-15-2012
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)

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