## P11000013559

(Reque	stor's Name	)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to Filin	g Officer:	
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FI ORIO

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TBrOWN 8-29-11

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	ı					
SUBJ	ECT:	MRC Virtua Name of C					
DOCU	JMENT NUMBER:	p110	000013559	<u> </u>			
The en	closed Statement of Chang	ge of Registered Office	e/Agent and fee are subm	itted for filing.			
Please	return all correspondence	concerning this matter	to the following:				
	<del></del>	Matthew Ross	s Crumbaugh				
		Name of Col	itact i cison				
	MRC Virtual INC						
	<del></del>	Firm/Co	ompany				
		2812 Rya					
		Add	ress				
		Punta Gorda		<del></del>			
		City/State an	id Zip Code				
		mcrumbaugh@al	llisoniames net				
	E-mail addre	ess: (to be used for fi	uture annual report noti	fication)			
			-				
For fu	ther information concerning	ng this matter, please c	all:				
	Matthew Crum	nbaugh	at ( 970 )	759-6479			
	Name of Contact		Area Code & Dayt	759-6479 ime Telephone Number			
Enclos	ed is a \$35.00 check made	payable to the Depart	ment of State.				
	Amendr Division P.O. Bo	Address: nent Section n of Corporations x 6327 ssee, FL 32314		ection orporations ng . ve Center Circle			
				e Center Circle			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2011

MATTHEW ROSS CRUMBAUGH MRC VIRTUAL INC 2812 RYAN BLVD PUNTA GORDA, FL 33950

SUBJECT: MRC VIRTUAL INC. Ref. Number: P11000013559

We have received your document for MRC VIRTUAL 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 change of registered agent form can not be used soley to make a change in the principal office address. This change can be made by sending us an email to this address: corpaddresschange@dos.state.fl.us

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

Letter Number: 511A00019365

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Sta inge is submitted for a corporation organized under the laws of the State of <mark>Fl</mark> r to change its registered office or registered agent, or both, in the State of Flo	orida			
	office address: 309 Tamiami Trail Punta Gorda FL 33950				
3. The mailing a	ddress (if different): 2812 Ryan BLVD Punta Gorda FL 33950				
4. Date of incorp	poration/qualification: 02/08/11 Document number: P1	1000013	3559		
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	SE CRE	2011 <b>A</b> UG		
	Business Filings Incorporated	IAS AS	ଞ 26		
1203 Governors Square BLVD, Suite 101					
	Tallahassee FL 32301-2960	STATE	AH IDE 02	C	
(if changed):	309 Tamiami Trail  Punta Gorda Fl 33950  P.O. Box NOT acceptable				
The street addre as changed will	ess of its registered office and the street address of the business office of its be identical.	registered	agent,		
	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.				
Mall Signatur	Matthew Crumbaugh P re of an officer or director Printed or typed name and title	<u>resident</u>			
I hereby accept I further agree to of my duties, an document is beil corporation has	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 comp d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.		rmance , if this hat the		
	8-11-11				
? ( Sign	nature of Registered Agent Date				
If signing on be	half of an entity:				
	tthew Crumbaugh  yped or Printed Name				
	* * * FILING FEE: \$35.00 * * *				