## P15000054672

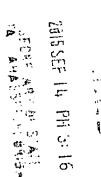
(Re	questor's Name)	
(Ad	dress)	<del> </del>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600276285486

09/14/15--01002--015 \*\*35.00



SEP 1 6 2015 C. CARROTHERS

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: PluginForage.com Inc	
	Name of Corporation	

P15000054672

TO:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

## Todd Sumrall Name of Contact Person PluginForage.com Inc Firm/Company 6223 Hwy. 90 PMB 186 Address Milton, FL 32570 City/State and Zip Code

todd.sumrall@gmail.com

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

For further information concerning this matter, please call:

Todd Sumrall Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

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

ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attement 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.
The name of the corporation: PluginForage.com Inc
The principal office address: 6223 Hwy. 90 PMB 186 Milton, FL 32570
The mailing address (if different):
Date of incorporation/qualification: June 23, 2015 Document number: P15000054672
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)
The Company Corp
2711 Centerville Road, Suite 400
Wilmington, DE 19808
The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Todd Sumrall
6223 Hwy. 90 PMB 186
P.O. Box NOT acceptable  Milton, FL 32570
ne street address of its registered office and the street address of the business office of its registered agent, changed will be identical.
ich change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board, or the corporation has been notified in writing of the change.
Todd Sumrall Director Signature of an officer or director Printed or typed name and title
nereby accept the appointment as registered agent and agree to act in this capacity.  further agree to comply with the provisions of all statutes relative to the proper and complete  formance of my duties, and I am familiar with and accept the obligation of my position as registered  ent. Or, if this document is being filed merely to reflect a change in the registered office address, I  reby confirm that the corporation has been notified in writing of this change.
09/10/2015
Signature of Registered Agent Date
signing on behalf of an entity:
Odd Sumrall Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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