

P94000003026

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** POLICOM Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P94000003026

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:

William H. Fruth  
Name of Contact Person

POLICOM Corporation  
Firm/Company

2740 SW Martin Downs Blvd. #279  
Address

Palm City, FL 34990  
City/State and Zip Code

fruth@policom.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William H. Fruth at ( 772 ) 781-5559  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2009

WILLIAM H. FRUTH  
POLICOM CORPORATION  
2740 SW MARTIN DOWNS BLVD. #279  
PALM CITY, FL 34990

SUBJECT: POLICOM CORPORATION  
Ref. Number: P94000003026

We have received your document for POLICOM CORPORATION 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 document must have original signatures.

Photo copies are not acceptable and please list the registered agent name in part 6 of the form.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 709A00028383

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: POLICOM Corporation
2. The principal office address: 2740 SW Martin Downs Blvd. #279, Palm City, FL 34990
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/5/94 Document number: P94000003026
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)

William H. Fruth

5238 SW Anhinga Ave.

Palm City, FL 34990

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

William H. Fruth

2740 SW Martin Downs Blvd. #279

P.O. Box NOT acceptable

Palm City, FL 34990

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TALLAHASSEE, FLORIDA  
09 SEP 10 AM 10:19

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.

Will H. Fruth  
Signature of an officer or director

William H. Fruth  
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.*

Will H. Fruth  
Signature of Registered Agent

9-5-09  
Date

If signing on behalf of an entity:

William H. Fruth  
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 (8/05)