

095000092619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

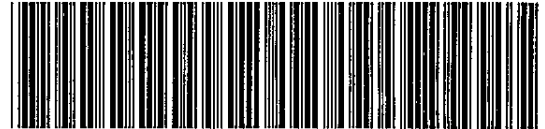
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

Aug 16 2005

RAP

LAW OFFICES  
**WILLIAM D. SOMAN, P.A.**

3471 MAIN HIGHWAY, #622  
COCONUT GROVE, FLORIDA 33133

REPLY TO: POST OFFICE BOX 330637  
COCONUT GROVE, FLORIDA 33233

TELEPHONE 305-476-1485  
FACSIMILE 305-476-1486

August 9, 2005

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Statement of Change

Dear Sir or Madam:

You will find enclosed one (1) Statement of Change of Registered Office or Registered Agent for a Limited Liability Company and five (5) Statements for Corporations. Checks for the filing fee are attached to each Statement.

Let me know if you need any further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'William D. Soman', written in a cursive style.

William D. Soman

WDS/hn

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: POMPCO, INC.
2. The principal office address: 3471 Main Highway, #622  
Miami, FL 33133
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/06/95 Document number: P95000092619
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William D. Soman

9000 Arvida Drive

Coral Gables, FL 33156

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

William D. Soman, P.A.

3471 Main Highway, #622

(P.O. Box NOT acceptable)

Miami, FL 33133

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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.

✓ Jean P. Soman  
(Signature of an officer or director)

Jean P. Soman, President  
(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.

William D. Soman, Pres  
(Signature of Registered Agent)

August 8, 2005  
(Date)

If signing on behalf of an entity:

William D. Soman, Presedent  
(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