

P99000068/89

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

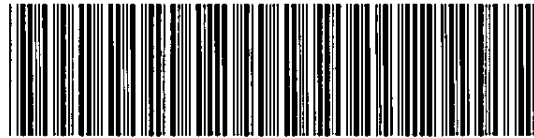
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
13 DEC 23 PM 2:57

Ro Change

JAN 10 2014  
T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2013

JOSEPH GUERRINI  
PODS  
5585 RIO VISTA DRIVE  
CLEARWATER, FL 33760 US

SUBJECT: PODS, INC.  
Ref. Number: P99000068189

We have received your document for PODS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An officer or director must sign the application authorizing the change.

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) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 113A00027969

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PODS, Inc.

Name of Corporation

DOCUMENT NUMBER: P99000068189

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:

Joseph Guerrini

Name of Contact Person

PODS

Firm/Company

5585 Rio Vista Drive

Address

13535 Feather Sound Drive  
4th Floor

Clearwater, Florida 33760

City/State and Zip Code

33762

(JB)

jguerrini@pods.com

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

For further information concerning this matter, please call:

Joe Guerrini

Name of Contact Person

at ( 727 ) 538-6461

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**

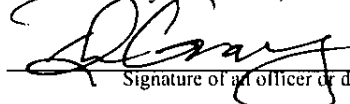
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PODS, Inc.
2. The principal office address: 13535 Feather Sound Drive, 4th Floor  
Clearwater, FL 33762
3. The mailing address (if different): 5585 Rio Vista Drive  
Clearwater, FL 33760
4. Date of incorporation/qualification: 7/30/1999 Document number: P99000068189
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)  
Aaron B. Parker  
5585 Rio Vista Drive  
Clearwater, Florida 33760
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
13535 Feather Sound Drive, 4th Floor  
Clearwater, FL 33762  
P.O. Box NOT acceptable

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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.

  
Signature of an officer or director

D. Lockwood Gray, Asst. Secretary  
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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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