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COVER LETTER

MERCOMMS UNLIMITED, INC SUBJECT:	TO: Amendment Section Division of Corporations							
Name of Corporation DOCUMENT NUMBER: 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 P ALLEN Name of Contact Person MERCOMMS UNLIMITED, INC Firm/Company 10517 FRONT BEACH ROAD, #1206 Address PANAMA CITY BEACH, FL. 32407 City/State and Zip Code MERCOMMS@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSEPH P ALLEN 850 527-1851 Area Code & Daytime Telephone Number	CHID							
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Name of Contact Person at (For fu	urther information concerning this matter, please call:						
	JOS							
Enclosed is a \$35.00 check made payable to the Department of State.		Name of Contact Person Area Code & Daytime Telephone Number						
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Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations		Amendment Section Amendment Section						

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the p	provisions of sections 607.0502, 617.0 The is submitted for a corporation org)502, 607.1508, or 617.1508, Florid ganized under the laws of the State o	a Statutes, this FLORIDA
in order	to change its registered office or reg	sistered agent, or both, in the State o	f Florida.
1. The name of t 2. The principal PANAMA C	10517 FRONT BE	LIMITED, INC ACH ROAD, #1206	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification:	Document number:	
	street address of the current registere ment of State: (If resigned, enter resigned)	2	with the
	260 ROYAL TERN RD N		
	PONTE VEDRA BEACH, FL 3	2082	
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered	OCI IS
	JOSEPH P ALLEN		_ 변속 글 IT
	10517 FRONT BEACH RD, #		FLORISTAL D
	P.O. Box N	NOT acceptable 2407	Dri W
The street addre	ss of its registered office and the street identical.	eet address of the business office of	its registered agent,
Such change wa authorized by th	s authorized by resolution duly adop e board, or the corporation has been	ted by its board of directors or by a notified in writing of the change.	n officer so
Supple	e of an officer or director	JOSEPH P ALLEN, PRES	
I hereby accept to I further agree to performance of t	the appointment as registered agent of comply with the provisions of all single duties, and I am familiar with and something to refer to refer to refer to refer the corporation has been notified the corporation has been notified.	and agree to act in this capacity. tatutes relative to the proper and co	omplete on as registered
Quest	l All	10/10/2012	
Sign	ature of Registered Agent	Date	
If signing on beh	nalf of an entity:		
Ту	ped or Printed Name		

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