(0100003033

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
(Oky/State/Zip/Fittitle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



700131228697

06/16/08--01031--014 **25.00

ZEOR JUN 16 PH 12: 54
SECRETARY OF STATE

T. CLINE
JUN 1 7 2008
EXAMINER

. COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PLC HOLDINGS	II, L.C.	
(Name o	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
KATHY A BUTLER		
(Name of Person)		
NATIONAL CORPORATE RESEARCH, LTD.		
(Firm/Company)	,	TALLY SECA
615 SOUTH DUPONT HIGHWAY		是不 星 。
(Address)		TASS
DOVER, DE 19901		ZOON JUN 16 PH 12: 54 SECRETARY OF STATE SECRETARY OF STATE
(City/State and Zip Code)		JUN 16 PH 12: 54 SECRETARY OF STATE
For further information concerning this matter	er, please call:	
March 1990 A. Carlotte		
KATHY A. BUTLER	at (302) 734-1450 ext. 3011	
(Name of Person)	(Area Code & Daytime Telephone Number	er)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	g amount:	
C \$25 Filing Fee	S55 Filing Fee & Certified Conv	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company is:	:		•	
	PLC HC	LDINGS II, I	L.C.		
2. The mailing address of 875 Prospec	the limited liability cost Street, Suite		Jolla, CA 92037		
02/27/2001		L01000	L0100003033		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of States6. The name and address	Alvin D. Lodi 200 South Bis Miami, FL 33 City of the new registered a	Sh. P.A. Name cane Blvd. Address 131 State and Zij gent and/or o	, Suite 2500 p ffice: ch, Ltd., Inc.	he records of the 2008 JUN 16 PH 12: 51 SECRETARY OF STATE TALLAHASSEE, FLORI	
	Florida street addres	s (P.O. Box I		か (2)	
		FL State and Zip	32301		
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	nange or changes are not the registered agent we reby confirmed that the nited liability company at of the limited liability.	nade, the Flor vill be identicate change(s) way or as otherway company.	rida street address of the case of a	he registered office a Florida limited y an affirmative vote	
(Printed or typed name of signee I hereby accept the appoor and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signahure of Registered Agent)		ngent and agr ve to the prop ns of my posi filed to mere ity company h	ee to act in this capac er and complete perfo tion as registered aget ly reflect a change in tas been notified in wi	city. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)