## M05000003103

. (Re	equestor's Name)	)				
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B. KOHR

JUL 1 8 2008

**EXAMINER** 



ON SERVICE COMPANY						
	ACCOUNT NO.	:	07210000	0032		
	REFERENCE	:	653.0971	4362065	5 0	
	AUTHORIZATION	: -!	Exell El	enan	A July	: :
	COST LIMIT	: (	\$ 25.00			10
ORDER DATE :	July 18, 2008		· •		JEE'S FL	PH F:
ORDER TIME :	10:15 AM					ا
ORDER NO. :	653097-010					
CUSTOMER NO:	4362065					
			·		<b></b>	<b></b>
	CHANGE OF A	GENT	- -			
NAME:	PEF ST. PETER	SBUF	RG FL, LL	ıC		
PLEASE RETURN	THE FOLLOWING AS	PRO	OF OF FI	LING:		
XX PLAIN	STAMPED COPY					
CONTACT PERSON	I: Cindv Harris					

EXAMINER'S INITIALS:

## 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:	PEF ST.	PETERSBURG FL	, LLC	
2. The mailing address of	the limited liability co	ompany is : _			
2808 FAIRMOUNT S	STE 250 DALLA	S TX 7520	<u> </u>		
06/08/2005			M05000003103		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registe Florida Department of S	State:			ne records of the	
	C T CORPO		SYSTEM		
	1200 SOUTH	Name PINE ISLA	ND ROAD	O	
	PLANTA	Address ATION FL	33324	ALL B	
		State and Zi			
6. The name and address of	of the new registered a	gent and/or o	ffice:	18 P	
	Corporation	Service Co	ompany		
_	1201	Name Hays Stree	t	FILED  08 JUL 18 PH 4: 15  TALLAHASSEE, FLORIDA	
	Florida street addres	s (P.O. Box 1	NOT acceptable)	P	
	Tallahassee	FL	32301		
	City, S	State and Zip			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement	nange or changes are not the registered agent we by confirmed that the pited liability company to fit the limited liability.	nade, the Flor ill be identica e change(s) w or as otherw y company.	ida street address of that. Or, in the case of a vas/were authorized by	ne registered office Florida limited an affirmative vote	
(Signature of a member or authori:	zed representative of a memb	er)			
Simon Marciano		<u> </u>			
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relative decept the obligation his document is being that the limited liabili	gent and agr e to the prop is of my posit filed to mere ty company h	ee to act in this capaci er and complete perfor ion as registered agen y reflect a change in ti as been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.	
Cynthay A.	Darris	Cynthia L.	Harris	_	
(Signature of Registered Agent)		sst. Vice P	· - · · •		
Division	n of Corporations, P.	O. Box 6327	, Tallahassee, FL 323	314	

**FILING FEE: \$25.00** 

INHS18 (8/05)