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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. Name of the limited liability company: PACIFIC INV	ESTMENT MANAGEMENT COMF	PANY LLC	
2. (a) Principal office address of limited liability company	y:		
(Note: MUST BE STREET ADDRESS)	840 NEWPORT CENTER DRIVE Ste 10 NEWPORT BEACH, CA 92660	00	
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	840 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 9266		
07/27/2011	<u>M11000003785</u>		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	NRAI SERVICES, INE		
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	<u> </u>	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
<u>NEW</u> Registered Agent:	Registered Agent Solations Sho	<u>. </u>	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. Suite A		
	Tallahassee ,FL3	32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I furthe oper and complete performance of n sition as registered agent as provide rely reflect a change in the registere y has been notified in writing of this	r agree to ny duties, ed for in ed office change.	
Signature of Registered Agent			

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

Asst. Secretary