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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

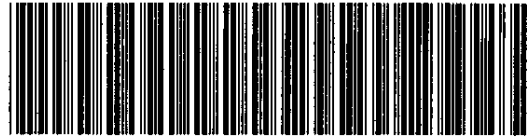
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/14--01010--022 **25.00

FILED
14 MAY 13 AM 11:31
SECOND DEPT. OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PF Tax Five, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Mackay
Name of Person

Jacksonville Ventures
Firm/Company

P.O. Box 4007
Address

Portsmouth, NH 03802
City/State and Zip Code

PFJAXANNE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Mackay at (207) 450-2432
Name of Person Area Code & Daytime Telephone Number

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 following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: PF Tax Five, LLC
2. Jurisdiction of its organization: New Hampshire
3. Date authorized to do business in Florida: Feb 10th, 2014

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: PF Fort Caroline, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

n/a

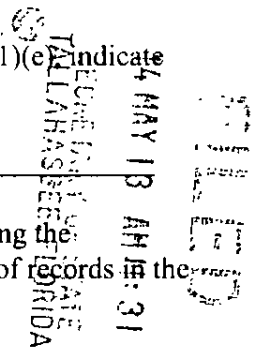
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e) indicate that change: n/a

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Mike Murray
Typed or printed name of signee

Filing Fee: \$25.00



State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify PF Jax Five, LLC is a New Hampshire limited liability company duly formed under the laws of the State of New Hampshire on November 13, 2012. I certify that the amendment to change name from PF Jax Five, LLC to PF Fort Caroline LLC was filed on May 2, 2014 I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law.

FILED
14 MAY 13 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of May, A.D. 2014

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State