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LITCHFORD & CHRISTOPHER

PROFESSIONAL ASSOCIATION
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	AMENDMENTS
Profit	☐ Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication Other	Dissolution/Withdrawal
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OTHER FILINGS	Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign
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	Other

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

February 1, 2001

LITCHFORD & CHRISTOPHER PO BOX 1549 ORLANDO, FL 32802

SUBJECT: P.T.G. PRECISION TECHNOLOGY TECHNOLOGY CENTER L

Ref. Number: M98000000455

We have received your document for P.T.G. PRECISION TECHNOLOGY TECHNOLOGY CENTER LLC and your check(s) totaling \$35.00. However, enclosed document has not been filed and is being returned for the following: correction(s);

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline **Document Specialist**

Letter Number: 001A00006237

LITCHFORD & CHRISTOPHER

PROFESSIONAL ASSOCIATION

Attorneys and Counselors at Law

POST OFFICE BOX 1549 ORLANDO, FLORIDA 32802

www.litchris.com

February 7, 2001

(407) 422-6600 TELECOPIER (407) 541-0325

VIA FEDERAL EXPRESS

BANK OF AMERICA CENTER

390 NORTH ORANGE AVENUE

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Attn: Tammi Cline

PTG Precision Technology Center Limited, LLC; Ref. Number M98000000455

Dear Tammi:

Re:

Pursuant to your correspondence of February 1, 2001, enclosed please find the correct Statement of Change for the above-reference corporation along with a copy of your correspondence. Thank you for your assistance in this matter. Should you have any questions or need anything further, please do not hesitate to contact me.

Sincerely

Donald . Christopher

DEC/dac Enclosures

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.

agent, or both, in the state of x to state		<u> : _ : _ : _ A</u> T	
1. The name of the limited liability company is:ptg			ک تا پ
2. The mailing address of the limited liability company i	s: <u>100 Technology P</u> ai	ck, Suite 190	
Lake Mary, Florida 320	7.46	·	-
	M9800000455		
5/6/98 Elerida	4. Document number		
3. Date of filing/registration in Florida		A: 23	
5. The name of the registered agent and the registered of	fice address as shown on the rec	ords of the	
5. The name of the registered agent and the registered of Florida Department of State:		B F	
Dmitri Nikitin		m~	
Name			
100 Technology Pa		I: 4 STAT CORN	
Address		ATE +2	
Lake Mary, FL 32	746	- > · · · ·	
City, State an			
6. The name and address of the new registered agent and	l/or office:		
Name 390 N. Orange Avenue Florida street address (P.O. I	32801	[& Christopher,	F • £
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Thomas Michel, Executive Vice Presentative of a member) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 508 by S. Or if this document is being filed to address, Viafeby confirm that the limited liability company.	entical. Or, in the case of a Flore(s) was/were authorized by an therwise provided in the articles any.	rida limited affirmative vote s of organization	
	. —		
(Signature of Registered Agent) Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18(10/99)