

A100000000632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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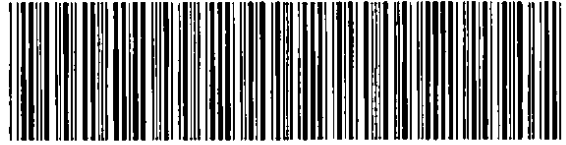
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Ra Chang

MAY - 5 2022

D CUSHING

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 601781 7247429

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : April 7, 2022

ORDER TIME : 5:37 PM

ORDER NO. : 601781-020

CUSTOMER NO: 7247429

CHANGE OF AGENT

NAME: PC LIMITED PARTNER, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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TALLAHASSEE, FL

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PC LIMITED PARTNER, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/14/2010

Date of filing/registration in Florida

3. A10000000632

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Leon, David F.

Name

390 N. ORANGE AVENUE, SUITE 1400

Address

ORLANDO, FL 32801

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Renee Sandell
Signature of General Partner

Renee Sandell, Vice President on behalf of
Panama Commons Services Corporation,
General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

2022 MAY -4 AM 11:05
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL