

A97000001894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

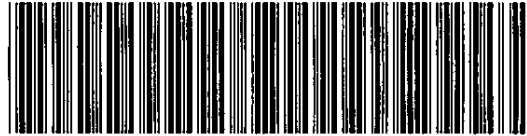
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 30 2015

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PA-FLA Plaza, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000001894

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

C. Wall
Contact Person
Infinity Professional Services Group Inc.
Firm/Company
600 S. Second St., Suite 104
Address
Springfield, IL 62704
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Wall at ( 217 ) 645-6457  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

**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. PA-FLA Plaza, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/02/1997 3. A97000001894  
Date of filing/registration in Florida 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:

CorpDirect Agents, Inc.  
Name

1200 South Pine Island Road  
Address

Miami, FL 33324  
City, State and Zip

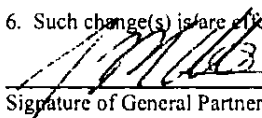
5. The name and Florida street address of the new registered agent and/or office:

Registered Agent Solutions, Inc.  
Name

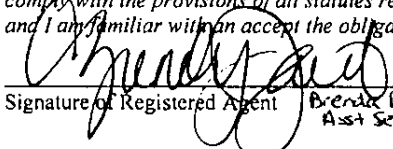
155 Office Plaza Drive, Suite A  
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301  
City, State and Zip

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

 Stephen M. Alonso, Secretary for the General Partner  
Signature of 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.*

  
Signature of Registered Agent Brenda David,  
Asst Secretary

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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