

B10000000010

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Private Capital Management, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: BO10000000010

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:

Lisa Gallagher

(Contact Person)

Private Capital Management, L.P.

(Firm/Company)

8889 Pelican Bay Blvd. # 500

(Address)

Naples, FL 34108

(City, State and Zip Code)

For further information concerning this matter, please call:

Lisa Gallagher

(Name of Contact Person)

at (239) 598-7727

(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

INHS04 (01/06)

**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. Private Capital Management, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/4/2001 3. B010000000010
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:

David Joyce
Name
8889 Pelican Bay Blvd. #500
Address
Naples, FL 34108
City, State and Zip

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

CHAD ATKINS
Name
Private Capital Management, L.P.
8889 Pelican Bay Blvd. #500
Florida street address (P.O. Box not acceptable)
Naples, FL 34108
City, State and Zip

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

[Signature], Secretary & Chief Administrative Officer
Signature of General Partner PCM Holdings I, Inc.

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]
Signature of Registered Agent

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

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08 APR '99 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA