## B02000000409

(Requestor's Name)	,
(Address)	,
(Address)	1
(City/State/Zip/Phone #)	,
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



000060656500

FILL ETO
05 OCT 24 PH 1: 39
SELAHESEE TIORIDA



ACCOUNT NO. : 072100000032

REFERENCE :

660776

7498688

AUTHORIZATION

COST LIMIT :

ORDER DATE: October 19, 2005

ORDER TIME : 9:56 AM

ORDER NO. : 660776-485

CUSTOMER NO: 7498688

## CHANGE OF AGENT

NAME: PFL II, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

l.PFL II, L.P.
Name of the limited partnership
2. December 13, 2002 3.B02000000409  Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida
Department of State:
C T Corporation System  Name
1 Table
1200 South Pine Island Road
1200 South Pine Island Road  Address  Plantation, FL 33324  City, State and Zip  5. The name and address of the new registered agent and/or office:  Corporation Service Company  Name
Plantation, FL 33324
City, State and Zip
5. The name and 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) was/were authorized by the general partners.
Signature of General Pariner
Elizabeth Procaccianti
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. Or, if this document is being filed
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has
been notified in writing of this change.
Comporation Service Company

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

Signature of Registered Agent Jennifer A. Geldof, Asst. Vice President