

B08000000194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

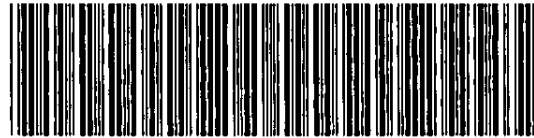
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FILED

J. SAULSBERRY
EXAMINER

MAY 3 2013

April 18, 2013

VIA US MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **PREFERRED CARE PARTNERS MANAGEMENT GROUP, LP**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,



Rachel Szitas
REGISTERED AGENT SOLUTIONS, INC.

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FBI

**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. PREFERRED CARE PARTNERS MANAGEMENT GROUP, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/10/2008
Date of filing/registration in Florida

3. B08000000194
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:

NRAI SERVICES, INC.
Name
515 E. PARK AVENUE
Address
TALLAHASSEE, FL 32301
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 Dr. 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.

PCPMG, LLC by [Signature] Member
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] Art Flores, Asst Sec.
Signature of Registered Agent

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32301