

F04000001383

(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

MAR 26 2013

T. LEMMON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PFMAM INC.

Name of Corporation

DOCUMENT NUMBER: F04000001383

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

Please return all correspondence concerning this matter to the following:

Karina Pulskamp

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd. Ste 300

Address

Austin, TX 78744

City/State and Zip Code

clientservices@rasi.com

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

For further information concerning this matter, please call:

Karina Pulskamp

Name of Contact Person

at (888) 705-7274

Area Code & Daytime Telephone Number

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

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PFMAM INC.
2. The principal office address: TWO LOGAN SQUARE, #1600 ATTN COMPLIANCE MANAGER PHILADELPHIA PA 19103-2770
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/04/2004 Document number: F04000001383
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A

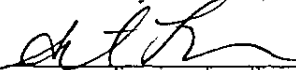
P.O. Box NOT acceptable

Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Art Flores, Attorney-in-fact, on behalf of Steve Boyle, Treasurer

Printed or typed name and title

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 obligation 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 corporation has been notified in writing of this change.



Signature of Registered Agent

03/18/2013

Date

If signing on behalf of an entity:

Jaclyn Wright, Asst. Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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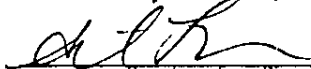
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TALLAHASSEE, FLORIDA

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Signature of an officer or director

Art Flores, Attorney-In-fact, on behalf of Steve Boyle, Treasurer

Printed or typed name and title

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 obligation 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 corporation has been notified in writing of this change.



Signature of Registered Agent

03/18/2013

Date

If signing on behalf of an entity:

Jaclyn Wright, Asst. Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

VIA US MAIL

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

Re: **PFMAM, Inc.**

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. \$35.00 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,

A handwritten signature in black ink, appearing to read 'Karina Pulskamp', written in a cursive style.

KARINA PULSKAMP
REGISTERED AGENT SOLUTIONS, INC.

SPECIAL LIMITED POWER OF ATTORNEY

Steve Boyle, a duly authorized officer/director of PFMAM, INC., does hereby make, constitute, and appoint Registered Agent Solutions, Inc., and each duly authorized representative of such entity, including without limitations Mr. Art Flores, as his true and lawful attorney-in-fact with full right, power and authority for him, as an authorized officer/director of the aforementioned Entity, in his name, place and stead to prepare, execute, acknowledge, and file or to cause to be prepared, executed, acknowledged, and filed, any and all documents and forms as may be necessary or appropriate to be filed by the Entities or on their behalf with any state agency in order to effectuate a change in the Entity's registered agent to Registered Agent Solutions, Inc.

GIVING AND GRANTING to said attorney-in-fact full power and authority to do and perform every act necessary or appropriate to be done in exercising of the foregoing power as fully as Steve Boyle, a duly authorized officer/director of the Entity could do if personally present and acting, with full power of substitution and re-substitution, hereby ratifying, confirming, and approving all that said attorney-in-fact.

This Special Power of Attorney shall be effective as the date set forth below and shall continue in effect until revoked by Steve Boyle by written notice to said attorney-in-fact.

IN WITNESS WHEREOF, Steve Boyle has set his hand this 18th day of March, 2013.



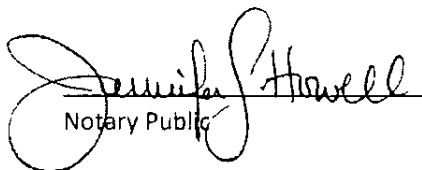
Name: Steve Boyle

Title: Treasurer

State of Pennsylvania
County of Philadelphia

On March 18th 2013 before me, the undersigned, a Notary Public in and for said State, personally appeared Steve Boyle, personally known to me ~~(or proved to me on the basis of satisfactory evidence)~~ to be the person whose name is subscribed to the within instrument and acknowledged to me he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal.


Notary Public