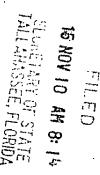
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(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)	<u></u>			
(Cit	y/State/Zip/Phone	e #)			
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(Bu	siness Entity Nar	ne)			
(Document Number)					
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Office Use Only



11/10/15--01019--007 **35.00







CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: November 6, 2015

Order#: 849082-029

Re: PERDIDO LAND DEVELOPMENT CO., INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617. Inge is submitted for a corporation of to change its registered office or re	rganized under the la	ws of the State of	DE		
1. The name of t	he corporation: PERDIDO LAND DE	EVELOPMENT CO.,	INC.			
	office address: reet, Room 1500, Pittsburgh, PA 15	219				
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 07/09/2007	Document	number: F07000)003452		
	street address of the current register tment of State: (If resigned, enter res		ed office on file v	with the		
	NRAI Services, Inc					
	1200 South Pine Island Road					
	Plantation	FL	33324	_		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Corporation Service Company			Y O		
	1201 Hays Street					
	P.O. Box Tallahassee	NOT acceptable FL	32301	8: 14 STATE LORIDA		
The street addre	ss of its registered office and the sta be identical.	reet address of the bu	isiness office of	its registered agent,		
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has been	pted by its board of on notified in writing of	directors or by ar of the change.	officer so		
0	8	Dona Priebe		Vice President		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	re of an officer or director the appointment as registered agen o comply with the provisions of all my duties, and I am familiar with a s document is being filed merely to that the corporation has been notifi n Service Company	t and agree to act in statutes relative to th nd accept the obligat reflect a change in t	ne proper and co tion of my position he registered off	mplete on as registered		
By: Y) no co	Y-Kubi.	11/02/2015				
Sign	nature of Registered Agent		Date			
0 0	half of an entity:					
	Assistant Vice President ped or Printed Name					
ř	•					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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