

6/2/2016 11:17:32 AM From: To: 8506176380(1/3)

F15000002890

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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DIVISION OF CORPORATIONS
2016 JUN -2 AM 9:25

**REGISTERED AGENT CHANGE
PARK PLACE STUDIOS, INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARK PLACE STUDIOS, INC.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Park Wayne
Name of Contact Person

Park Place Studios, Inc.
Firm/Company

28 Iroquios Drive
Address

Mt. Lebanon PA 15228
City/State and Zip Code

architect@parkplace.tv
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas P. Wert at (407) 896-2224
Name of Contact Person 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: Pack Place Studios, Inc.
2. The principal office address: 28 Troquios Drive, Mt. Lebanon, PA
15228
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Fla. 7/1/15 Document number: F15000002890
Pennsylvania 8/21/95
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)

Erin Hodges
730 Florida Street
Orlando, FL 32806

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324
P.O. Box NOT acceptable

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]
Signature of an officer or director

THOMAS WARNE, President
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.

C T Corporation System by:

6/1/2016

Signature of Registered Agent

Date

If signing on behalf of an entity:

James M. Halpin
Assistant 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
CR2B045 (03/12)

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DIVISION OF CORPORATIONS
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