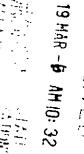
(Requestor's Na	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Nur	mber)
Certified Copies Certif	icates of Status
Special Instructions to Filing Office	H.
	A

Office Use Only

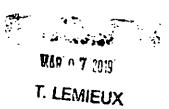


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MAR 1 3 2019 **D CUSHING**



CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

400 M.

	Spende man	
ORDER DATE: February 21, 201 ORDER TIME: 10:03 AM ORDER NO.: 640396-005	.9 . !	
CUSTOMER NO: 5073856	19 MAR	4 26 1
CHANGE OF A	GENT 8: 50	SIATE OF STATE
NAME: PDMA CORPORAT	CION &	
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY	PROOF OF FILING:	
XX PLAIN STAMPED COPY		
CONTACT PERSON: Emily Croft		
EXA	AMINER'S INITIALS:	



March 9, 2019

EMILY CROFT CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: PDMA CORPORATION Ref. Number: F93000004929

Our office filed the wrong form for this registered agent change. Please complete the attached form and return it to my attention so we can swop out the wrong application for the proper application. The form that was completed was for an Alien Business Organization and this corporation is not filed as an Alien.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 519A00004799

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

statement of chang	ge is submitted for a c	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of Delaware and office or registered agent, or both, in the State of Florida.	s 	
1. The name of the	corporation:	PDMA CORPORATION		
2. The principal of		5909-C Hampton Oaks Parkway, Tampa, FL 33610		
3. The mailing add	lress (if different):	5909-C Hampton Oaks Parkway, Tampa, FL 33610		
4. Date of incorpor	ration/qualification: _	11/01/1993 Document number: F93000004929		
	treet address of the cu nent of State: (If resig	arrent registered agent and registered office on file with the		
F	rederick W. Baker			
59	909C Hampton Oaks	Parkway		
T	ampa	FL 33610		<u>:</u> :
6. The name and si (if changed):	treet address of the no	ew registered agent (if changed) and /or registered office	19 MAR -	SECRETAR VISION OF
<u>C</u>	Corporation Service C	Company	5 AM	
1	201 Hays Street	·	<u>æ</u>	F ST POR/
Т	allahassee	P.O. Box NOT acceptable FL 32301	90	ATIONS
		ce and the street address of the business office of its registered tion duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.		
aumorized by the	board, or the corpora	Frederick W. Baker - Secretary		
Signature of	of an officer or director	Printed or typed name and title		
I further agree to performance of magent. Or, if this hereby confirm the	comply with the prov y duties, and I am far document is being fil	gistered agent and agree to act in this capacity. Sisions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as register ed merely to reflect a change in the registered office address, l as been notified in writing of this change.	red I	
By: Omil	in Cropt	March 5th, 2019		
If signing on beha	lt of an entity:	Date		
Asst. Vice Pres	- -			

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