P91000054621

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000088002 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

FILED
05 APR 11 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 APR 11 PM 12:17
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

PMG ASSET MANAGEMENT, INC.

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

Electronic Filing Menu Corporate Filing Public Access Help

PS 4/11/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PMG Asset Management, Inc.
(Name of corporation)

DOCUMENT NUMBER: F96000005468

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.

Paul Miller
(Name of person)

PMG Asset Management, Inc.
(Name of firm/company)

2500 Westfield Drive
(Address)

Elgin, IL 60123
(City/state and zip code)

For further information concerning this matter, please call

Paul Miller. at (414) 977-1583
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E043(07/03)

FL006 - 10/1e/03 CT System Online

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 New York *in order to change its registered office or registered agent, or both, in the State of Florida.*

05 APR 11 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

1. The name of the corporation: PMG Asset Management, Inc.

2. The principal office address: 2500 Westfield Drive
Elgin, IL 60123

3. The mailing address (if different): C/O Cumberland Licensing Corporation
P.O. Box 7543, Cumberland, RI 02864

4. Date of incorporation/qualification: 10/22/96 Document number: F96000005468

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Laura J. Cognetti
500 Australian Ave. S., Ste. 850
West Palm Beach, FL 33401

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

C T Corporation System
c/o C T Corporation System
(P.O. Box or personal mailbox NOT acceptable)
1200 South Pine Island Road, Plantation, Florida 33324

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, chairman or vice chairman of the board) Michael Schensman - 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: (Signature of Registered Agent) 4/8/05 (Date)

If signing on behalf of an entity: TRACI HOLICK SPECIAL ASSISTANT SECRETARY
(Typed or Printed Name) (Capacity)

* * * FILING FEE: $35.00 * * *

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

FLAR6 - 10/1 and CT System Online