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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MOYLE, FLANIGAN, KATZ, RAYMOND, WHITE & KRASKER, P.A.

Account Number : I20060000039
Phone : (561)659-7500
Fax Number : (561)659-1789

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REGISTERED AGENT CHANGE

PGM BUILDERS, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: PGM BUILDERS, INC.
	office address: 9121 North Military Trall, Suite 200, Palm Beach Gardens, FL 33410
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 09/06/1984 Document number: H20378
	street address of the current registered agent and registered office on file with the timent of State:
	RICK DAVIS
	CAMERON DAVIS & GONZALEZ
	901 NORTH OLIVE AVENUE, WEST PALM BEACH FL 33401
6. The name and (if changed):	JOHN F. FLANIGAN MOYLE, FLANIGAN, KATZ, ET AL (P.O. Box NOT acceptable) PART AND AND ACCEPTABLE TO SECRETARY OF STARS AND AND ACCEPTABLE TO SECRETARY OF STARS AND AND ACCEPTABLE TO SECRETARY OF STARS AND ACCEPTABLE TO SECRETARY OF SECRETA
	JOHN F. FLANIGAN
	MOYLE, FLANIGAN, KATZ, ET AL
	(P.O. Box NOT acceptable) 625 North Flagler Drive, 9th Floor, West Palm Beach FL 33401
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized b <u>y th</u>	as authorized by resolution duly adopted by its board of directors or by an officer so no board, or the corporation has been notified in writing of the change.
/	PETER B. GIAQUINTO, JR., President (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the specific particles withing of this change.
	gnature of Registered Agent) Cook (Date)
If signing on be	shalf of an entity:
l	<u> </u>
(1	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 (8/05)