

W2000005004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100057958431

07/29/05--01031--020 **35.00

07/29/05 04:14:07
07/29/05 04:14:07
07/29/05 04:14:07

W2-5004
AL

Buchanan Ingersoll

ATTORNEYS

Cynthia J. Sargent
Legal Assistant
813 222 8182
sargentej@bipc.com

SunTrust Financial Centre
401 E. Jackson Street, Suite 2500
Tampa, FL 33602-5236

T 813 222 8180
F 813 222 8189
www.buchananingersoll.com

July 26, 2005

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Product Dynamics, LLC
Document No. L02000005004

Dear Sir/Madam:

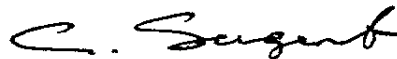
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Cynthia J. Sargent
Buchanan Ingersoll PC
401 E. Jackson Street
Suite 2500
Tampa, Florida 33602

For further information concerning this matter, please call me at (813) 222-8182

Enclosed is a \$35.00 check made payable to the Department of State.

Very truly yours,



Cynthia J. Sargent

CJS/

Enclosure(s)

PLEASE RETURN TO THE DIVISION OF CORPORATIONS, TALLAHASSEE, FLORIDA 32399

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (813) 222-8182

#88376-v1;TAM1_GENERAL;SARGENT1

Pennsylvania :: New York :: Washington, DC :: Florida :: New Jersey :: Delaware :: California :: London :: Dublin

PROFESSIONAL CORPORATION

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Product Dynamics, LLC

2. The mailing address of the limited liability company is : 4129 W. Waters Avenue
Tampa, Florida 33614

March 1, 2002

L02000005004

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

James W. Goodwin

Name

400 North Tampa Street, Suite 2300

Address

Tampa, Florida 33602

City, State and Zip

6. The name and address of the new registered agent and/or office:

Mark J. Bernet as Receiver for Product Dynan

Name

401 E. Jackson Street, Suite 2500

Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33602

City, State and Zip


If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Mark J. Bernet

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314