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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JAN 2 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PCGRAHAM LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Phyllis C. GRAHAM (Name of Person)			
PCGRAHAM LLC (Firm/Company)			
950 6/Ades Rd #5			
Boca RATON F/ 3343/ (City/State and Zip Code)			
For further information concerning this matter, please call:			
PC Hulm at (56/) 441-5242 (Name of Person) (Area Code & Daytime Telephone Numb	er)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\infty\$ \$25 Filing Fee & Certified Copy			

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.

in the State of Florida.			
1. Name of the limited liability company: PCGR	AHAM LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	#5 BOCA RATON F/ 3343/		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOVE		
08-01-2002 3. Date of filing/registration in Florida	<u>LO20000/9624</u> 4. Document number		
5. (a) Registered Agent and Registered Office shown on	·		
Registered Agent:	Phyllis C GRAHAM		
Registered Office Address:	950 6/AJES Rd #5 BBCA RATIN F/ 3343/		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:		
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	G773 BONIELLO Rd BOCK RATUN ,FL 33496		
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)			
Phyllis C. GRAHAM (Printed or typed name of signee)	· _		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	igree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.		
(Signature of Registered Agent)	DIVIS 09 (

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00