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J. BRYAN

APR - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Investors of PC, LLC (Name of Lir	mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Walter F. Kilgore		
(Name of Person)		
Investors of PC, LLC (Firm/Company)	·	08 APR -2 PM 4: 08
135 Heritage Lane		- 2 - 2
(Address)		24
Madison, Al 35758		4: 08 8: 08
(City/State and Zip Code)		·
For further information concerning this matter	, please call:	
Walter F. Kilgore	at (256) 783-4508	
(Name of Person)	(Area Code & Daytime Telephone)	Number)
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	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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: Investors of PC, LLC
2. The mailing address of the limited liability company is : 939 Jenks Avenue
Panama City, Florida 32401
06/19/2003 L03000022257
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:
Barbara J. Hoyt
Name
3600 Thomas Drive, Unit D101
Address Parama City Parah FL 22402
Panama City Beach, FI 32408 City, State and Zip
City, State and Zip 6. The name and address of the new registered agent and/or office: Diane Kerrigan
Diane Kerrigan
Name 2 PC
939 Jenks Avenue
939 Jenks Avenue Florida street address (P.O. Box NOT acceptable)
Panama City FL 32401
Knama Cuty FL 32401 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)
Walter F. Kilgore
(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 Agont)

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