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(Re	equestor's	Name)	-	_
, (Ac	idress)			
(Ac	dress)			
(Ci	ty/State/Z	ip/Phone	#)	_
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Certified Copies	_ Ce	rtificates	of Status	_
Special Instructions to	Filing Off	icer:		7
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SECRETARY OF STATE

TRANSMITTAL LETTER

	gistration Section vision of Corporations	
SUBJECT	PD Enterprises, LLC	
SOBJECT	(Name of Limited Liability Company)	<u> </u>
The enclose	d Articles of Amendment and fee(s) are submitted for filing.	
Please retur	n all correspondence concerning this matter to the following:	
	Saverio Castelli	
	(Name of Person)	
	PD Enterprises, LLC	
	(Firm/Company) スプランド	
	6713 -14th Street West	U
	(Address)	E
	Bradenton, Florida 34207	
	(City/State and Zip Code)	
For further	nformation concerning this matter, please call:	
	Karen Kuhlman at (941) 355-5936	-
	(Name of Person) (Area Code & Daytime Telephone Num	ber)
Enclosed is a	check for the following amount:	
□ \$25.00 Fi	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Status &

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

Pursuant to the provision liability company submits agent, or both, in the State					gersignea timited fice or registered
1. The name of the limite	d liability company is:	PD Enter	rprises,	LLC	
2. The mailing address of			713-14th		, Bradenton, 34207
6/19/2003			T 0 2 0 0 0		
3. Date of filing/registration	ion in Florida	-	4. Documen	0022372	
J. Date of imagregistrati	on in Fiorida	·	- Documen	t Hullioer	
5. The name of the registe Florida Department of S	red agent and the regist State:	tered office ac	ddress as sho	own on the rec	ords of the
	Domenico Loi	iaconi			
		Name			•
	6713- 14th Stre				
		Address	-	SEC. 25	•
	Bradenton, Flor	State and Zip			77
6.001	•	•		AHASA RETAK	
6. The name and address of	of the new registered ag	gent and/or of	fice:	23 XX	-
	Saverio Caste	elli		THE D	
	6713- 14th Str	Name reet West	······		
	Florida street address	(P.O. Box N	OT acceptab		,
	Bradenton	FL	34207		
	City, St	tate and Zip			
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of Signature of a member or authoric	nange or changes are mathe registered agent will be confirmed that the diability company or a fithe limited liability confirmed that the limited liability confirmed the limited liability confirmed.	ade, the Florid Il be identical change(s) wa as otherwise p ompany.	da street add	ress of the reg	istered office
. •	and representative of a member	·,	,		
Domenico Loiaconi			Saverio	Castelli	
(Printed or typed name of signee)	_				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, R.S. Or if the address of hereby confitm	ntment as registered ag s of all statules relative t accept the obligations his document is being f that the limited liability	rent and agree to the proper s of my positio iled to merely v company ha	e to act in thi r and comple on as registe reflect a chu s been notifi	is capacity. I gete performand red agent as p ange in the res ed in writing (further agree to se of my duties, provided for in gistered office of this change.

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

INHS18(10/99)

FILING FEE: \$25.00