1040000 34749

(Requestor's Name)
(Address)
(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



800123850948

04/17/08--01056--009 **25.0



M. Thomas APR 18 2000

COVER LETTER

.TO: Registration Section Division of Corporations	
SUBJECT: PPC, LLC (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Frank J. Hevener, Vice President (Name of Person)	SECRETARY OF
PPC, LLC (Firm/Company)	
(Firm/Company)	
3990 North Powerline Road	
(Address)	
Fort Lauderdale, Florida 33309	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Frank J. Hevener, Vice President at	(954) 390-7437
(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 an	mount:
\$25 Filing Fee	\$55 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.

. 1. The name of the limited liab	bility company is: PPC, LLC		·
2. The mailing address of the l	limited liability company is:	3990 North Powerline Road	
Fort Lauderdale, Florida 33309			
05/06/2004		L04000034749	
3. Date of filing/registration in	n Florida	4. Document number	
5. The name of the registered a Florida Department of State:		e address as shown on the records o	f the
KAF	RL W. ADLER, ESQ.		
u. 151	Name		
1700	0 NE 26th STREET		, 8 8
	Address		ή ξ
FOR	RT LAUDERDALE, FLORIDA		08 APR 17
	City, State and Z	Tib &	马一
6. The name and address of the	e new registered agent and/or	office:	9 3
THO	MAS R. SHAHADY, ESQ.		AN IO: 58
. 316.	Name NE 4th STREET 350 E.	I ac Mac Run Sime 21	
	orida street address (P.O. Box		
FOR	RT LAUDERDALE, FL 3336	01	
	City, State and Zip	p	
confirmed that after the change and the business office of the re- liability company, it is hereby	e or changes are made, the Flore egistered agent will be idention confirmed that the change(s)	aws of the State of Florida, it is here orida street address of the registered cal. Or, in the case of a Florida lim was/were authorized by an affirmat wise provided in the articles of organical control of the articles of the articles of organical control of the articles of organical control of the articles of organical control of the articles of the	l office ited tive vote
(Signature of a member or authorized rep	presentative of a member)	-	
FRANK I HEVENED MOE DE	DECIDENT		

FRANK J. HEVENER, VICE-PRESIDENT

(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 auties, 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 **FILING FEE: \$25.00**

INHS18 (8/05)