L04000037372

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ACCOUNT NO. : 072100000032

REFERENCE: 660776

05 0CT 24 PM 1:40

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: October 19, 2005

ORDER TIME : 9:55 AM

ORDER NO. : 660776-475

CUSTOMER NO: 7498688

CHANGE OF AGENT

NAME: PFL GP IV, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

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

Pursuant to the pro liability company su agent, or both, in the	visions of sections 608.416 o bmits the following statement c State of Florida.	or 608.508, in order to	Florida Statutes, change its regist	the undersigned li ered office or regi	mited stered
1. The name of the l	imited liability company is: P	FL GP IV,	LLC	E 8 .	<u></u>
2. The mailing addre	ess of the limited liability comp	pany is:			
1140 Reservoir	Avenue, Cranston, RI 02	920			
May 17, 2004		I	404000037372	ORDER &	2
3. Date of filing/reg	istration in Florida	4.	Document numb	per 7	
5. The name of the re Florida Departmen	egistered agent and the register nt of State:	red office ad	dress as shown on	the records of the	
	C T Corpor	ation Sys Name	tem	整50十	1
	1200 South P.		l Road		# ##
		ddress		一京 子	17
		on, FL 3332	24	A P	う
	City, St	ate and Zip		70.	,
6. The name and add	lress of the new registered ager	nt and/or off	ice:		>
	Corporation S	Service Co	mpany	7	
	Na				
		s Street	377		
	Florida street address (I	P.O. Box NO	JT acceptable)		
	Tallahassee]	FL	32301		
	City, Stat	te and Zip			
confirmed that after and the business offi- liability company, it the members of the l the operating agrees	y company is not organized und the change or changes are mad- ce of the registered agent will lead that the change of the change of the change of the limited liability company or as an authorized representative of a member)	e, the Florid be identical. nange(s) was otherwise pr	a street address of Or, in the case of were authorized	f the registered office f a Florida limited by an affirmative ve	ote of
Elizabeth Procace (Printed or typed name of s					
I hereby accept the comply with the provand I am familiar wi Chapter 608, F.S. O address, I hereby con	appointment as registered ager visions of all statutes relative to the and accept the obligations of the if this document is being file infirm that the limited liability of	_		acity. I further agre formance of my dur gent as provided for n the registered off writing of this chan	ee to ties, in ice ge.
1 1 4	gent) Jennifer A. Geldof, A			20214	
Di	ivision of Corporations, P.O.	•	·	32314	
INH\$18(10/99)	FILING	FEE: \$25.0	10		