## L05000012784

(Re	equestor's Name	)			
(Ac	ddress)				
(Ac	ldress)				
(Cir	ty/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	es of Status			
Special Instructions to	Filing Officer:				
	Office Use Or	niv			



300077644233

RECEIVED

06 JUL 27 PH I2: 38

06 JUL 27 PM 2: 20
SEURE LARY OF STATE
ALLAHASSEE, FINALE



ACCOUNT NO. : 072100000032 REFERENCE : 264106 AUTHORIZATION : COST LIMIT ORDER DATE : July 25, 2006 ORDER TIME : 10:45 AM ORDER NO. : 264106-105 CUSTOMER NO: 7424814 CHANGE OF AGENT NAME: FORMULA PM, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

## 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 limite	d liability company is:	FORMULA I	PM LLC		
2. The mailing address of	f the limited liability co	ompany is :			
c/o WSA Management, 35 Ea	·	• •			
	31 2131 311 311 311 1 1 1 1 1 1 1 1 1 1				
February 7, 2005			L05000012784		
3. Date of filing/registrati	ion in Florida		4. Document nu	ımber	
5. The name of the register Florida Department of S		stered office a	address as shown	on the records of the	
	Blumbergexcels	ior Corporate Se	ervices, Inc.	_	
		Name			
4435 Old Winter Garden Road					
Address					
Orlando, FL 32811					
	City,	State and Zip	)	SSE	
6. The name and address of	of the new registered a	gent and/or o	ffice:	PH 2:20	
	Corporation	on Service Comp	oany	95 20	
		Name			
1201 Hays Street				₩	
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	City, S	State and Zip			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	lange or changes are me the registered agent we by confirmed that the cited liability company	nade, the Flori ill be identica c change(s) was or as otherwi	ida street addres l. Or, in the cas as/were authoriz	s of the registered office e of a Florida limited ted by an affirmative vote	
(Signature of a member or authori	zed representative of a member	er)			
ARIK Kisin	N				
(Printed or typed name of signee)					
I hereby accept the appoil comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relative d accept the obligation his document is being t that the limited liability		e to act in this c r and complete i on as registered v reflect a chang is been notified i	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.	

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

(Signature of Registered Agent) Michelle R. Vannoy, Asst. V