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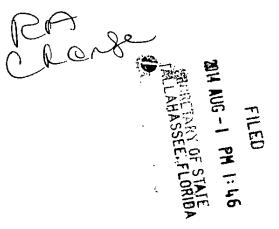
(Re	equestor's Name)				
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- 0/13/14 - 0/13/14

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PLS L.L.C.				
Name of Li	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
NORA H. MILLER, ESQ.				
Name of Person	· ·			
RAILEY, HARDING & ALLEN, P.A.				
Firm/Company				
15 N. EOLA DRIVE				
Address				
ORLANDO, FL 32801				
City/State and Zip Code				
NMILLER@RAILEYHARDING.COM				
E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter, please	call:			
NORA MILLER	407 648-9119			
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 (2/14)				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: PLS L.L.C.	··· ··		
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	510 GATLIN AVE		PO BO	X 560219
	510 GATEN AVE			X 300219
	ORLANDO, FL 32809		ORLAN	IDO, FL 32856
	09/19/2005		L050000	092053
3.	Date of filing/registration in Florida	4.		Document number
5. (a				
J. (H	Registered Agent and Registered Office shown on the records of	f the Florid	da Dept. of Sta	ate:
	SMITH, JAMIE G			/****
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	35)	
	510 GATLIN AVENUE			ANG -
	ODI ANDO	2200	2	HASSEE
	ORLANDO , F	L		- SSR
				FG R
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office o	ddagga	-1 PM 1: 46 SSEE. FLORID SSEE. FLORID
	Citter maine of MEW Registered Agent and/of MEW Registere	u Omee a	iuutess.	- A
	RAILEY, HARDING & ALLEN, P.A.			>
	NEW Registered Office Address:			_
	15 N. EOLA DRIVE			
				_
	ORLANDO, F	, 3280	1	
				_
If the	limited liability company is not organized under the lange or changes are made, the Florida street address of	aws of th	ne State of F	Florida, it is hereby confirmed that after
agent	will be identical. Or, in the case of a Florida limited	liability	company, it	t is hereby confirmed that the change(s)
was/v	were authorized by an affirmative vote of the members ticles of organization or the operating agreement of th	of the li	imited liabil	lity company or as otherwise provided in
the a	the operating agreement of the			LER, Authorized Representative
Sign	nature of a member or authorized representative of a member			Printed or typed name of signee
I has	eaby accept the appointment as registered agent and o	eree to a	ect in this co	anacity. I further garee to comply with the
provi	sions of all statutes relative to the proper and complet bligations of my position as registered agent as provide trely reflect a change in the registered office address.	te perfor led for in	mance of m Chapter 6	v duties, and I am familiar with and accept D.S. F.S. Or. if this document is being filed
to me	rely reflect a change in the registered office address, led in writing of ling change.	I héreby	confirm the	at the limited liability company has been
nongi	St. W.			
Sinne	iture of Registered Agent			