LUL 000/14938

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cii	y/State/Zip/Phone	e #)
	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500238374255

08/20/12--01010--020 **25.00

SCARETARY OF STATE THE AHASSEE FLORID

T. CLINE AUG 2 1 2012

EXAMINER



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

August 15, 2012

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Project Development Enterprise, LLC.

Dear Sir/Madam,

For the purposes of changing the registered office and/or registered agent of the above Project Development Enterprise, LLC., please find the enclosed original Certificate of Change of Registered Agent accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Regards,

Jessica Metzger NRAI Services, Inc.

Enclosure - Check

SEGRETARY OF STATE

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.

agent, or both, in the state of Piortau.		
1. Name of the limited liability company:Proje	ect Development Enterprise, LLC	
2. (a) Principal office address of limited liability compa	any:	
(Note: MUST BE STREET ADDRESS)	1441 Brickell Avenue, 1230 Miami, FL 33131	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	1441 Brickell Avenue, 1230 Miami, FL 33131	
11/30/2006	L06000114938	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dent of State:	
Registered Agent:	CFRA, LLC	
Registered Office Address:	100 S. Ashley Dr. Suite 400 Tampa, FL 33602	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	EW Registered Office address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue	
	Tallahassee ,FL32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization	
TANIOS KHALIL		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compounds SRAI Services, Inc. 10//100 11 TIL A 1 1 tested the services.	I agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	

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

Signature of Registered Agent