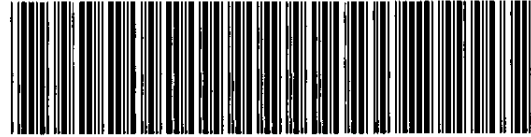


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. CLINE
JUL - 5 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pearl Institute
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sadaf Bazargan
Name of Person

Pearl Institute, PL
Firm/Company

17551 N Dale Mabry Hwy
Address

Lutz FL 33548
City/State and Zip Code

sbpearlneurology@yahoo.com
E-mail address: (to be used for future annual report notification)

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2011 JUL - 1 AM 09:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Angela Palma at (813) 4544044
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

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. Name of the limited liability company: Pearl Institute, PL

2. (a) Principal office address of limited liability company: 17511 N Dale Mabry Hwy

(Note: MUST BE STREET ADDRESS) Lutz FL 33548

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX) _____

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3. Date of filing/registration in Florida _____

4. Document number _____

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Sadaf Bazargan

Registered Office Address: 17511 N Dale Mabry Hwy Lutz FL 33548

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Sadaf Bazargan

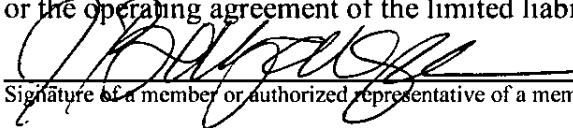
NEW Registered Office Address: 17551 N Dale Mabry Hwy

(MUST BE FLORIDA STREET ADDRESS)

Lutz, FL 33548

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

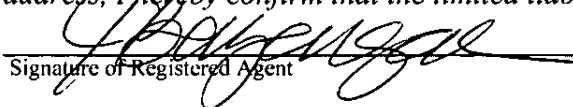


 Signature of a member or authorized representative of a member

Sadaf Bazargan

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 duties, 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