108000078912

| (Requestor's Name) | |
|---|---------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | - |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | <u></u> |
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B. BOSTICK

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMA Venture Capital Group LLC

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:

George Pagoumian

Name of Person

PMA Venture Capital Group LLC

Firm/Company

175 SW 7th St., Suite 2409

Address

Miami, FL 33130

City/State and Zip Code

gpagoumian@pmaventures.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Pagoumian

786

422-5199

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 (5/08)

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: PMA Venture Capita | al Group LLC | |
|---|---|---|
| 2. (a) Principal office address of limited liability compan | v: 175 SW 7th St Suite 2409 | |
| (Note: MUST BE STREET ADDRESS) | Miami, FL | |
| , | 33130 | |
| (b) Mailing addragg of limited liability commany | 175 SW 7th St., Suite 2409 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | Miami, FL | |
| (17000 17111 22 1 02 1 01 1 1 1 2 2 0 1) | 33130 | |
| | | |
| 8/18/2008 | L08000078912 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florid | da Dept. of State: |
| Registered Agent: | Corporation Company of Miar | |
| D : 1000 A11 | 4500 Minut Contro | 2013 |
| Registered Office Address: | 1500 Miami Center 201 S. Biscayne Boulevard | |
| | Miami, FL 33131 | PAR SE |
| | | 16 |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office a | ddress: 3 |
| | <u>.</u> | -7 |
| NEW Registered Agent: | George Pagoumian | 25. 2. 2. 2. 2. |
| NEW Registered Office Address: | 175 SW 7th St., Suite 2409 | 5 |
| (MUST BE FLORIDA STREET ADDRESS) | | |
| | Miami | ,FL_33130 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member or authorized appresentative of a member | Florida street address of tical. Or, in the case of a) was/were authorized b | the registered office a Florida limited by an affirmative vote of |
| George Pagoumian 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 pand I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company | agree to act in this capa roper and complete perf osition as registered ago erely reflect a change in ny has been notified in w | city. I further agree to formance of my duties, ent as provided for in the registered office pritting of this change. |

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

INHS18 (05/08)

Signature of Degistered Agent