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(Re	equestor's Name)		
(Ac	ldress)		
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(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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B. BOSTICK

OCT 15 2013

EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet

squeppet@cscinfo.com

Date: October 10, 2013

Order#: 841625/013

Re: PAYLESS DEVELOPMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Sylvia Queppet

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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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: PAYLESS DE	VELOPMENT, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 2350-N 34th Street N.	
	St. Petersburg	FL 33713
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2350-N 34th Street N.	
(MAT BETOST OF THEE BOX)	St. Petersburg, FL 3371	3
10/20/2008	L08000098311	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o	n the records of the Florid	a Dept. of State:
Registered Agent:	Mark Levinson	
Registered Office Address:	4906 Mirabella Place	
		7522
	Lutz	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office ad	Idress 5
NEW Registered Agent:	Corporation Service Cor	mpany
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)		<u>_</u>
	Tallahassee	FL 32501
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 ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	Florida street address of tentical. Or, in the case of a (s) was/were authorized by wise provided in the article	he registered office a Florida limited y an affirmative vote of
/s/ Bryon Koepke		
Signature of a member or authorized representative of a member		
Bryon Koepke, Assistant Secretary Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand 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 company.	l agree to act in this capac proper and complete perfo position as registered age nerely reflect a change in any has been notified in wi	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
$Bv = \int$		

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

Corporation Service Company Sylvia Queppet, Assistant Vice President