

LOG000118305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

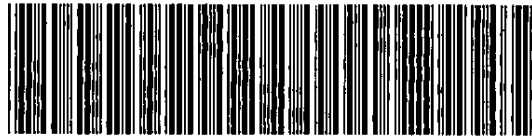
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
MAY 10 2010
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05/04/10--01025--005 **35.00

FILED
2010 MAY - 1 AM 10: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VIA US REGULAR MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **PF 1 JAX, LLC**

Dear Sir or Madam:

On behalf of the above-referenced entity, enclosed please find the following for filing with the Florida Secretary of State:

- 1 One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2 \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

Leana Guzman

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY -7 AM 10:06

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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: PF 1 JAX, LLC

2. (a) Principal office address of limited liability company: 1600 DIVISION STREET

(Note: **MUST BE STREET ADDRESS**)

SUITE 670
NASHVILLE TN 37203

(b) Mailing address of limited liability company: 1600 DIVISION STREET

(Note: **MAY BE POST OFFICE BOX**)

SUITE 670
NASHVILLE TN 37203

12/11/2009

3. Date of filing/registration in Florida

L0900011830

4. Document number

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

Registered Agent:

C T CORPORATION SYSTEMS

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 2010 MAY 17 AM 10:06
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

NEW Registered Agent:

Registered Agent Solutions, Inc.

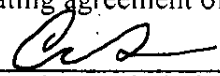
NEW Registered Office Address:

155 Office Plaza Dr. Suite A

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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

Carl D. Panattoni

Printed or typed name of signer

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.



SEAN PREWITT, ASST. SECRETARY

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00