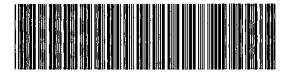
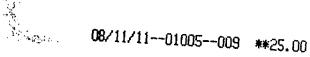
## L10000069120

(Requestor's Name)		
(requestors name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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2011 AUG FI AH & OS SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS AUG 1 2 2011 EXAMINER

, C	OVER LETTER *		
Registration Section Division of Corporations			
SUBJECT: PARY PLACE A MEDICAL SEA  Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
MARY ARZIE	· · · · · · · · · · · · · · · · · · ·		
PARY PIACE a moti cal spa			
9191 P.G. SKINNED PKNYSLITE 100. (702)			
TACKSONVILLE To 32256  City/State and Zip Code			
E-mail address: (tolbe used for fluture annual report dotification)			
For further information concerning this matter, please call:			
MORY ARZIC  Name of Person	at (904) 813-H400 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.

agent, or both, in the state of Ftortaa.	ha a chi -di c
1. Name of the limited liability company: PM-F	race a medical sparle
2. (a) Principal office address of limited liability compar	y: 9882 Tapestry Park ard
(Note: MUST BE STREET ADDRESS)	TACKSONVINE TO STRING
(b) Mailing address of limited liability company:	9822 Tapestry Pape Cipal
(Note: MAY BE POST OFFICE BOX)	JUKSDAINE TL 322410
6/29/2010	L100000129120
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:	Mark L. Arzic
Registered Office Address:	9822 Tapestry park uple
	Jacksonville til 32240
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9191 PG SKINNER PKWY SLITE TOO TOCKSDAVILLE. FL 322510
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 of the limited liability company or as other	Florida street address of the registered office ntical. Or, in the case of a Florida limited so was/were authorized by an affirmative vote
or the predicting agreement of the limited liability company or as other or the predicting agreement of the limited liability company	ly.
Signature of a member anuthorized representative of a member MARK. ARZIC	<del></del>
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 praid and I am familiar with and accept the obligations of my particle of the provision of my particle of the particle of the maderastil hereby confirm that the limited liability compared to the confirmation of the compared of the confirmation of the	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Signature of Registere Agent	SSE TO T
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314 mg

**FILING FEE: \$25.00**