

Division of Corporation

L12000 147735

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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**LLC REGISTERED AGENT CHANGE
PLDM OPERATING COMPANY LLC**

Certificate of Status	0
Certified Copy	0
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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: PLDM OPERATING COMPANY LLC
2. (a) Principal office address of limited liability company: c/o PLD Acquisitions LLC
(Note: **MUST BE STREET ADDRESS**) 10400 NW 29th Terrace
Doral, FL 33166
- (b) Mailing address of limited liability company: c/o PLD Acquisitions LLC
(Note: **MAY BE POST OFFICE BOX**) 10400 NW 29th Terrace
Doral, FL 33166

November 21, 2012

3. Date of filing/registration in Florida

L12000147735

4. Document number

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

Registered Agent:

CT CORPORATION SYSTEM

Registered Office Address:

1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

NEW Registered Agent:

c/o PLD Acquisitions LLC

NEW Registered Office Address:

10400 NW 29th Terrace

(**MUST BE FLORIDA STREET ADDRESS**)

Doral FL 33166

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.

David Gruber
Signature of a member or authorized representative of a member

David Gruber
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.

By: David Gruber
Signature of Registered Agent

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

INH318 (05/08)

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