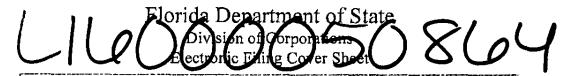
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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LEMITED LIABILITY COMPANY

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		\sqrt{v} registered agent, if applicable :(NOTE: if correct signation).	ing the registered agent, the ne	w registered agent must sign
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New Re	gistered accept	Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to a	ct in this capacity. I further ag	ree to comply with the
provisio	ns of all	l statutes relative to the proper and complete perfor	mance of my duties, and I am f	amiliar with and accept the
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Mailing Address: Post Office Box 3913 Tampa, Florida 33601-3913

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TO:	FL DOC - LLC filings (Business Fax)
COMPANY:	
PHONE #:	
FAX #:	+1 (850) 617-6383
FROM:	Brenda K. Holland, bholland@bushross.com
TELEPHONE: FAX:	(813) 204-6440 (813) 223-9620
OMMENTS.	

Statement of Correction - PF Alliance, LLC re zip code (for filing)

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