M0000000508

(Requ	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP		MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
	3K	





900078984989

06 AUG 31 PH 4: 01

OG AUG 31 PM 4: 4

FLORIDA FILING & SEARCH ŞERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 N. DUVAL STREET, TALLAHASSEE, FL 32303 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08-31-06

NAME:

PMAT COCOWALK, L.L.C. F/K/A THOR GALLERY

OF ME 31 PA WILL

TYPE OF FILING: CHANGE OF RA

COST:

\$49.25 SS-CZ

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or liability company submits the following statement i agent, or both, in the State of Florida.	608.508, Florida Statutes, the undersigned limited in order to change its registered office or registered	
1. The name of the limited liability company is: PM		
2. The mailing address of the limited liability compa	any is: 1615 POYDRAS ST., SUITE 1350,	
NEW ORLEANS, LA 70112		
MARCH 16, 2000	M0000000508	
3. Date of filing/registration in Florida	4. Document number	
The name of the registered agent and the registere Florida Department of State:		
UNITED CORPORATE	SERVICES, INC.	
	ume	
9200 SOUTH DADELAND BLVD., SUITE 508		
Address		
MIAMI, FL 33158 City, State and Zip		
6. The name and address of the new registered agent and/or office:		
CAPITOL CORPORATE	iness te and Zip t and/or office: SERVICES, INC.	
155 OFFICE PARA OP. Suite A SE 5		
Florida street address (P.	O. Box NOT acceptable)	
**************************************	L 323()	
City, State	and Zip	
or the operating agreement of the limited liability co	the Florida street address of the registered office identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization	
(Signature of a member or authorized representative of a member)		
ROBERT A. WHELAN, MANAGER (Printed or typed name of signee)		
	at and agree to act in this capacity. I further agree to form proper and complete performance of my duties, if my position as registered agent as provided for in did to merely reflect a change in the registered office ompany has been notified in writing of this change.	
	Box 6327, Taliahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (8/05)