## MUUUUUU2572

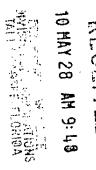
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	<u> </u>
(City	y/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
		ţ

Office Use Only



900181181599

05/28/10--01002--003 \*\*25.00



B. KOHR
MAY 2 8 2010

EXAMINER



CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: MICHELE HOLDEN** DATE: 05/28/10 **REF. #:** RA3469.125557 CORP. NAME: PALA INTERSTATE, L.L.C. ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY ( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL ( ) CERTIFICATE OF CANCELLATION ( XX) OTHER: CHANGE OF REGISTERED AGENT STATE FEES PREPAID WITH CHECK# 535164 FOR \$ 25.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** 

## PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING

( XX) PLAIN STAMPED COPY

COST LIMIT: \$\_\_\_\_

( ) CERTIFICATE OF STATUS

Examiner's Initials

## 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.

Name of the limited liability company:	PALA INTERSTATE, L.L.C		
2. (a) Principal office address of limited liability comp	PALA INTERSTATE, L.L.C.		
(Note: MUST BE STREET ADDRESS)	16347 OLD HAMMOND HWY. BATON ROUGE LA 70816		
(b) Mailing address of limited liability company:	<u></u>		
(Note: MAY BE POST OFFICE BOX)	16347 OLD HAMMOND HWY. BATON ROUGE LA 70816		
12/14/2000	M0000002572		
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:	BERMAN, HOWARD		
Registered Office Address:	12558 SW 123 LANE MIAMI FL 33136 US		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent:</u> <u>CORPDIRECT AGENTS, INC.</u>			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 EAST PARK AVENUE		
	TALLAHASSEE ,FL32301		
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			
MICHELE HOLDEN, ASSISTANT SECRETAR Printed or typed name of signee	Y		
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the simited lightity com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.		

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

Signature of Registered Agent