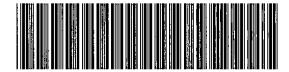
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(Red	questor's Name)								
(Add	dress)								
(Address)									
(City/State/Zip/Phone #)									
PICK-UP	WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status _									
Special Instructions to Filing Officer:									

Office Use Only



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12/02/14--01002--011 **25.00

SECRETARY OF STATE ALLAHASSEE. FLORIDA

APPROVED
AND
FILEN

Ro



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: November 26, 2014

Order#: 380790-004

Re: PALA INTERSTATE, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability compan	y: PALA INTERST	ATE, L.L	.C.		 		
2.	(a)	_16347 Old Hammond Highway		· (b)	(b) 16347 Old Hammond Highway				
	()	Principal office address of limited (Note: MUST BE STREE		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		Baton Rouge	LA 70816	_ _	Baton R	louge, LA 70816		 .	
		12/14/2000			M000000	002572			
3.		Date of filing/registration	in Florida	4.		Document number			
5.	(a)	Corpdirect Agents, Inc.							
٦.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						•	
		1200 South Pine Island Road							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				₹oz ₹			
							LLAH ECRE		
						_	HANGE -		
		Plantation	, FL	33324		-	-2 TARY ASSE		
	<i>a</i> .	0						6	
	(b)	Corporation Service Company Enter name of NEW Registered Agent a	ervice Company W Registered Agent and/or NEW Registered (Office address:		F.C. 81		
					<u> </u>		PATE 25		
		1201 Hays Street					A		
		NEW Registered Office Address:		• • •		_			
						_			
		Tallahassee	FI.	32301					
			· · · · · · · · · · · · · · · · · · ·			_			
the ag wa	e cha ent v as/we	mited liability company is not organge or changes are made, the Florivill be identical. Or, in the case of the authorized by an affirmative vocles of organization or the operating	da street address of a Florida limited lia te of the members o	the regist ability con of the limi	tered offic mpany, it i ted liabilit	e and the business off is hereby confirmed the ty company or as othe	fice of the regis hat the change(s	tered s)	
		026		Dona	a Priebe, A	Authorized Person			
-	Signa	ure of a member or authorized representat	ive of a member			Printed or typed name o	f signee		
pr the to	ovisi 2 obl. mere	by accept the appointment as registions of all statutes relative to the principations of my position as registered by reflect a change in the registered in writing of this change.	tered agent and agr roper and complete ed agent as provided ed office address, 1 l	ee to act performa d for in C hereby co	in this cap nce of my hapter 60. nfirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	e to comply with liar with and a ument is being ompany has bei	the ccept filed en	
Si	ر gnatu	re of Registered Agent Corporation S	ervice Company	BY: Gr	ace E. Ki	irby, Assistant VP			

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