## M020003059

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APPROVED AND FILED

D. BRUCE

OCT 8 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 352774 7292259

AUTHORIZATION

COST LIMIT

ORDER DATE: September 20, 2012

ORDER TIME : 3:04 PM

ORDER NO. : 352774-050

CUSTOMER NO: 7292259

## CHANGE OF AGENT

NAME: PS COMMERCIAL PLAY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

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.

1. Name of the limited liability company: PS COMMER	CIAL PLAY, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 401 Chestnut St. Suite 310	
	-Chattanooga, TN 37402	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
11/18/2002	M02000003059	
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:	NRAl Services, Inc.	7
Registered Office Address:	515 E. Park Avenue	)   1   1
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Corporation Service Company	<b>)</b>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of member or authorized representative of a member)	et address of the registered office and the business ase of a Florida limited liability company, it is	S
Maureen Cathell, Authorized Person (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and as registered agent as provided for in Chapter 60 change in the registered office address, I hereby d in writing of this change.	† <i>I</i> 08,
Ву:	Sylvia Queppet, Asst. Vice President	

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

INHS18 (05/08)