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SECRETARY OF STATE DIVISION OF CORPORATIONS

NOV - 0 0000

11/10/05
Registration

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PMW Ho (Name of	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
DON L. Wilson (Name of Person)	·····
PMW Hospitality, LLC	
101 N. Main Street (Address)	
Berrien Spring IV	<u>T 4910_3</u>
For further information concerning this m	atter, please call:
DON L WISON (Name of Person)	at (269) 473-/22/ (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	wing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

g,, wy 1			
1. The name of the limited liability company is:	PMW Hospitality, LL	<u>L</u>	
2. The mailing address of the limited liability company is:	2033 Main Street	A, Suite 40.	<u> </u>
	Sayasofa FL :	34237	
12/9/02	M020006032		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered office Florida Department of State: Lowis nearly Decument		ecords of the	
1201 Hays Street Address Talla hasse FL City, State and 2	32301 Zip	SECRETARY OF STATE DIVISION OF CORPORATIONS 05 NOV 14 PM 4: 27	
6. The name and address of the new registered agent and/or	office:	OF C	F
Ronald F. Westma	W	Record	0
Ronald F. Westma Name 2033 Main Stant, So		STA JRAT	
Florida street address (P.O. Box	NOT acceptable)	TONS 27	3
		-	
Sarasofa FL 39 City, State and Zi	<u>/スろフ</u> in	,	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identi liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.	aws of the State of Florida, is orida street address of the relical. Or, in the case of a Floriwas/were authorized by an awise provided in the articles.	it is hereby	e n
Signature of a member or authorized representative of a member)	-		
Dow L Wilson (Printed or typed name of signee)			
	-		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Linald If Westman	ree to act in this capacity. per and complete performar lition as registered agent as rely reflect a change in the re has been notified in writing	I further agree ice of my duties provided for in egistered office of this change.	to s,
(Signature of Registered Agent)			

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