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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 Stanues, 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.

L N	ame of the limited liability company: P	WG FRANCIIIS	SINGL	LC					
2. (a)	55 Skyline Drive Suite 2700		(h)	55 Skyline Drive Suite 2700					
3 . ()	Principal office address of limited liability (Note: MUST BE STREET ADDR)		, ,		failing address of limited liability company. (Note: MAY BE POST OFFICE BOX)				
	Lake Mary, Florida 32746	······································		Lake Ma	ry, Florida 32746				
	8/24/2004			M0400000	3462				
3.	Date of filing/registration in Flor.	ida	4.	· ·	Document number				
5. (a)	C T CORPORATION SYSTEM								
(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 RE FLORID	DA STREET ADD	RESS						
	PLANTATION	, FI3	3324		-				
(b)	Business Fitings Incorporated			, <u>. </u>					
	Enter name of <u>NEW Registered Azent</u> and/or <u>NE</u>	W Replatered Off	ice addi	7835:					
	1200 South Pine Island Road		ė	-					
	NEW Registered Office Address:								
	Diamenta		3324		c	1>			
	Plantation	, FL	J. 2 T						
the chr agent v	imited liability company is not organized using or changes are made, the Florida stree will be identical. Or, in the case of a Florida cre authorized by an affirmative vote of the icles of organization or the oppositing agree	t address of the la limited liabil members of th	regist ity cor ie limit	erea omce npany, it is sed liability	hereby confirmed that the change(s) company or as otherwise provided)			
(for Metal		Jose	ph Mathia	s. Manager				
Signa	ture of a member or authorized representative of a m	empei			Printed or typed name of signer				
I hero provisi the obli to mero notified	by accept the appointment as registered ag ions of all statutes relative to the proper an igations of my position as registered agent by reflect a change in the registered office d at writing of this change.	ent and agree t ed complete per as provided fo address, I hore	lo act i forma ir in Cl iby coi	n this cape new of my a hapter 605 nform that i	icity. I further agree to comply with hities, and I am Jamiliar with and ac F.S. Or, if this document is being the limited liability company has been been been as the limited liability company has been been as the limited liability company has been as the liability company has been	the copt iled in			
Signatu Ma	re of Registered Agent irk Williams, AVP, Business Filings Incorpo	orated							
12	Division of Corporation	onso P.O. Box	6327	Tallahas	see, FL 32314				
		FILING FEE:	\$25.0	0					

INHS18 (2/14)