## M0500003895

(F	Requestor's Name)							
(Address)								
(Address)								
(0	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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SECRETARY OF STATE DIVISION OF CORPORATIONS

CL14-15

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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: January 7, 2015

Order#: 433474-008

Re: PAI SERVICES, LLC

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 company: PAL	SERVICES	S, LLC					
2.	(a)			(b)	)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		305 Fellowship Road Suite 300			305 Fello	wship Road Suite 300			
		Mount Laurel NJ 08	054	·	Mount La	urel, NJ 08054	<del></del>		
		07/14/2005			M05000003895				
3.		Date of filing/registration in Flori	da	4.		Document number			
5.	(a)	C T Corporation System							
		Registered Agent and Registered Office shown on t	he records of	f the Florida	Dept. of State	:			
		1200 South Pine Island Road							
		Registered Office Address (MUST BE FLORIE							
		Plantation	. F	L 33324			· <u>;:</u>	VIO.	
							5 JAN	ISION SECR	
	(b)	Corporation Service Company					<b>Z</b>	PEZ-FI	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registere	d Office add	iress:		9	음각등	
		1201 Hays Street					¥.	FD Y OF STA ORPORAT	
		NEW Registered Office Address:					8: 37	ATIONS	
		Tallahassee	, F	L <u>32301</u>					
the ag	e cha ent v as/we	imited liability company is not organized unge or changes are made, the Florida stree will be identical. Or, in the case of a Floridere authorized by an affirmative vote of the cles of organization or the operating agree	t address o a limited l members	of the regist iability co of the lim	tered office mpany, it is ited liability	and the business offices hereby confirmed that you company or as others	e of the re	egistered ge(s)	
		/s/ Dona Priebe		Don	a Priebe, A	uthorized Person			
	Signa	ture of a member or authorized representative of a m	ember	<del></del>		Printed or typed name of s	ignee		
pr the to	ovisi e obl mere	by accept the appointment as registered ag ons of all statutes relative to the proper an igations of my position as registered agent ly reflect a change in the registered office the writing of this change.	ent and ag d complet as provid address, l	ree to act e performo ed for in C hereby co	in this capa ince of my o hapter 605 infirm that i	acity. I further agree t duties, and I am famili , F.S. Or, if this docu the limited liability cor	o comply ar with an nent is be npany has	with the id accept ing filed i been	
Si	gnatu	re of Registered Agent Corporation Service (	Company	BY: Sy	lvia Quep	pet, Asst. Vice Presid	dent		

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