

# MO6000003422

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H07000206801 3)))



H070002068013ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 AUG 16 AM 8:12

FILED

REGISTERED AGENT CHANGE

PFL VI, LLC

MST

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

07 AUG 16 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. The name of the limited liability company is: PFL VI, LLC
2. The mailing address of the limited liability company is : 1140 Reservoir Avenue, Cranston, RI 02920

6/19/06

M06000003422

3. Date of filing/registration in Florida \_\_\_\_\_ 4. Document number \_\_\_\_\_

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: \_\_\_\_\_

Corporation Service Company

**Name**

1201 Hays Street

### Address

Tallahassee, FL 32301

City, State and Zip

- 6. The name and address of the new registered agent and/or office:**

**C T Corporation System**

Name \_\_\_\_\_

**1200 South Pine Island Road**

**Florida street address (P.O. Box NOT acceptable)**

### Plantation

**EU**

33324

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

**(Sign)**

representative of a member

**Kristen Betzger**

Prima

**Authorized Person**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

**CT Corporation System**

By:

(Signature of Registered Agent)

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

INHS 18 (8/05)

YL015 - 0004/2001 C.T. Systems 03/00