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NAME:

PLP GENERAL PARTNER, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: PLP GENERA	AL PARTNER, LLC
2. (a) Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	
(TOBE MEET DE STREET MEET MEET	BOCA RATON, FL 33487
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7777 BEACON SQUARE BLVD
(NOIS. MAT BETOST OFFICE BOX)	BOCA RATON, FL 33487
April 11, 2011	M11000001818
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road
	Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	National Corporate Research, Ltd., Inc.
NEW Registered Office Address:	155 Office Plaza Drive
(MUST BE FLORIDA STREET ADDRESS)	
	Tallahassee ,FL 32301
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was furnetive vote of
and dut	
Signature of a member or authorized representative of a member	
ADAM S. GIJSKY	無法 匈
Printed or typed name of signee	- <u> </u>
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 605, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Signature of Registered Agent Sean Honan, Assistant Secretary

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