## 11/1000003274

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JUN 1 9 2014 C. CARROTHIEDS June 3, 2014

## VIA US MAIL

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: PCPMG, LLC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35 CORP \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

V / ) L

LEANA GUZMAN

REGISTERED AGENT SOLUTIONS, INC.

1701 Directors Blvd., Suite 300

Austin, TX 78744

## 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.

	·		
I. Na	me of the limited liability company: PCPMG, LLC		
2. (a)	Principal office address of limited liability company		
	(Note: MUST BE STREET ADDRESS)	PLANO. TX 75093	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
06/27/20	111	M11000003274	
	ite of filing/registration in Florida	4. Document number	
5. (a	) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
	Registered Agent:	NRAI SERVICES, INC.	
Registered Office Address:	Registered Office Address:	1200 South Pine Island Road	
	S	Plantation, FL 33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
	NEW Registered Agent:	REGISTERED AGENT SOLUTIONS, INC.	
NEW Registered Office Address:	155 Office Plaza Dr.		
	(MUST BE FLORIDA STREET ADDRESS)	Suite A	
		****	
confinant the	limited liability company is not organized under the med that after the change or changes are made, the Fine business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited hability company or as otherwise agreement of the limited hability company.	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or	
	anglad, In	in age-	
iutpain.	re of a member or authorized replementative of a member	D	
Printed	ene Luncetord, 1	anager Manager	
I her compl and I	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the am familiar with and accept the obligations of my pa ter 605, F.S. Or, if this document is being filed to me ss. I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	
aly	Wrefit Jaclyn Wright, Asst. Secretary	· 二十二	
Signatu	ire of Registered Agent		ji Le
	Division of Corporations, P.O. Box 63 FILING FEE: S	25.00 😕 🞾	
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