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.

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To:

Division of Corporations

Fax Wumber : (350) 617-6383

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone: (512)418-6949 Fax Number: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE PAMET SOFTWARE, LLC

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Help

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.

	Principal office address of limited liability company:	(b)	ailing address of limited	11-hillion name - · · · ·			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited (Note: MAY BE POST				
	14651 Dallas Pkwy, 6th Floor		360 North C	rescent Drive, South I	Building			
	Dallas, TX, 75254		Beverly Hills, CA 90210					
	12/16/2011		M110000062	89				
	Date of filing/registration in Florida	4,		Document number				
(a)								
. (a)	Registered Agent and Registered Office shown on the records of the Florida trept. of State: NRAI SERVICES, INC							
	Registered Office Address (MUST BE FLORIDA STREA 1200 SOUTH PINE ISLAND ROAD	2						
	PLANTATION	PLANTATION ,FL 33324						
	,				بعس شد			
(b)	Enter name of NEW Registered Agent anti/or NEW Register		-		그 7 - 기기 교			
	Enter name of NEW Registered Agent and/or NEW Register	ered Office nd	<u>dresy</u> :		17 NON 11			
	C T Corporation System				· · · · · ·			
	C T Corporation System NEW Registered Office Address:							
					#- 			
	NEW Registered Office Address:	FL_33324						
e chi gent as/w ic att	NEW Registered Office Address: 1200 South Pine Island Road Plantation Limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member of organization of the operating agreement of	e laws of the s of the regi d liability of ers of the lim the limited	State of Flo stered office ompany, it is nited liability liability com	and the business of hereby confirmed the company or as other pany. Assistant Secretary	affirmed that after fice of the registered that the change(s) erwise provided in			
Signa here otifie	NEW Registered Office Address: 1200 South Pine Island Road Plantation Limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite there authorized by an affirmative vote of the members.	e laws of the s of the regi d liability derived limited Bail agree to acleie performoided for in the limited s, I hereby c	State of Flo stered office ompany, it is inted liability liability com bia Velasco,	and the business of hereby confirmed the company or as other pany. Assistant Secretary Printed or typed name of the confirmed of typed name of the confirmed of typed name of the confirmed of	affirmed that after fice of the registered that the change(s) erwise provided in			
Signa here objective	NEW Registered Office Address: 1200 South Pine Island Road Plantation Ilimited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member icles of organization by the operating agreement of a member or authorized representative of a member or by accept the appointment as registered agent and it ions of all statutes relative to the proper and computing at the registered agent as provided in writing of this change.	e laws of the soft the region of the limited the limited agree to acclete performation of the limited left performation of the limited for in the limited for in the soft of the left performation o	State of Flo stered office ompany, it is inted liability liability com bia Velasco,	and the business of hereby confirmed the company or as other pany. Assistant Secretary Printed or typed name of the confirmed of typed name of the confirmed of typed name of the confirmed of	affirmed that after fice of the registered that the change(s) erwise provided in			

FILING FEE: \$25.00

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	CT: PAMET SOFTWARE, LLC Name of Limited Liability Company					
SONOISC						
Dear Sir o	or Madam:					
The enclo	osed Registered Agent/Registered Office	change and fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning this	matter to the following:				
	Legal Department Name of Person	•				
	Name of Person					
c 1.	Platinum Equity Advi	So(S, LLC				
010	Firm/Company					
	• •					
36	0 Nam Crescent Drive	2,5. 6100.				
	Address					
Bev	erly Hills, CA 9021	υ 				
	City/State and Zip Code					
<u>د</u> :	SAUCEDO O Platinum equit	y. carn				
E-m	nail address: (to be used for future annua	al report notification)				
For furth	er information concerning this matter, p	lease call:				
		210 0750				
	Name of Person	at (310) 228-9678 Area Code & Daytime Telephone Number				
		. ,				
	STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section				
	Registration Section Division of Corporations	Division of Corporations				
	Clifton Building	P.O. Box 6327				
2	1661 Executive Center Circle Fallahassee, Florida 32301	Tallahassee, Florida 32314				
I	Inclosed is a check for the following a	mount:				
E	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					