M1300000 6003

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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	PC COUNTRYSIDE, LLC					
	Name of Limited Liability Company					
Dear Sir	or Madam;					
The enclo	osed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.			
Please re	turn all correspondence concerning th	is matter to the fo	llowing:			
Mike M	irrione					
	Name of Person		-			
WolzCo	orporateUSA					
	Firm/Company		-			
36 Sou	th 18th Avenue, Suite D					
	Address		-			
Brighto	n, CO 80601					
	City/State and Zip Code	"	-			
mike@	wołzcorporate.com					
E-n	nail address: (to be used for future and	nual report notific	ation)			
For furth	er information concerning this matter	, please call:				
Mike M	irrione	303	655-9659			
	Name of Person		Area Code & Daytime Telephone Number			
ի Մ (2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Difton Building Refel Executive Center Circle Fallahassee, Florida 32301	Regi Divi: P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314			
Enclosed is a check for the following amount:						
	3 \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

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.

I. Na	ame of the limited liability company: PC COUNT	RYSID	E, 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)			
	4956 NORTH 300 WEST, STE 300		4956 NORTH 300 WEST, STE 300			
	PROVO, UT 84604		PROV	O, UT 84604		
	09/20/2013		M13000	0006003		
3.	Date of filing/registration in Florida	— 4.		Document number		 .
5. (a)	NRAI SERVICES, INC					
.7. (a)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of St	 ate:		
					v. 2	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRE.	<u>SS)</u>	_ 		
	1200 SOUTH PINE ISLAND ROAD				2019 AUG Seele	
	PLANTATION	_{:L_} 3332	4	LAHASSEE	- 5	ಸ್ಥ - ಶವಾರಡ ಉಪವರ್ಷ-
					:	; 5 g
(b)	Universal Registered Agents, Inc.			, , , , , , , , , , , , , , , , , , ,	. <u>.</u> 9	THE P
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ;	iddress:	``		
	NEW Registered Office Address:					
	1317 California Street					
				_		
	Tallahassee	_L 3230	4			
LEabart	instead the latter and the second sec		Cara Car			r.
the cha	imited liability company is not organized under the lange or changes are made, the Florida street address of	of the reg	zistered offi	ce and the business offic	ce of the re	egistered
agent v was/we	vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members	liability s of the li	company, it mited liabil	is hereby confirmed that ity company or as othery	it the chan wise provi	ge(s) ded in
the arti	cles of organization or the operating agreement of the	ne limited	Hiability co	ompany.	1,,,,,	
	Wife Durch	J€	eff Danley			
_	ture of a sheiliber or authorized regresentative of a member			Printed or typed name of s	-	
ı nerei provişi	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid	gree to a te perfor	ct in this ca mance of my	pacity. I further agree t y duties, and Lam famili	o comply ar with an	with the id accept
uq mere	ay reflect a change in the registered office address,	iea for in Thereby	Chapter 60 Confirm tha	15, r.S. Or, if this docur it the limited liability cor	nent is bei npany has	ing filed Sheen
nijic	In writing of this change					
Sivinatu	re of Registered Spent					