

(Requ	estor's Name)		
(Addre	ess)		
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(City/S	itate/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL	
(Busin	ess Entity Name))	
(Document Number)			
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CORETANY OF STATE

LANASSEL FLORIDA

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: October 29, 2019

Order#: 024767-240

Re: PCM SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \underline{XX} Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA, XCOA

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.

1. N	ame of the limited liability company: PCM SERVICE	ES, LLC	
2. (a)	1940 E. Mariposa Avenue	(b)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	El Segundo, CA 90245		
	01/24/2017	M1	700000667
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
` ,	Registered Agent and Registered Office shown on the records of	f the Florida Dept	of State:
	1200 South Pine Island		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Diortetia	. 22224	
	Plantation , F	L, <u>33324</u>	
(b)	Corporation Service Company		=
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	Z019 UCT 5 ;
			AR CO
	1201 Hays Street		THASSE
	NEW Registered Office Address:		ri _r
			FLORE CO
	•		
	Tallahassee , F	[,32301	104 31 82
the chagent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the State of the registered liability compa of the limited e limited liabil	d office and the business office of the registered ny. it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signs	nupr of a member or authorized representative of a member	Jill Cilmi, Authorized Person Printed or typed name of signee	
I here provis the ob to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change	gree to act in the e performance led for in Chap I hereby confir	his capacity. I further garee to camply with the