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(Requestor's Name) (Address) (Address)	800168059318
(City/State/Zip/Phone #)	02/11/1001016003 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILI FILI FILI FILI FILI FILI FILI FILI
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2010

ROBERT OBRINGER PCA HOLDINGS CORP. 1002 JUSTISON STREET WILMINGTON, DE 19801

SUBJECT: PCA HOLDINGS CORP Ref. Number: P01000105517

We have received your document for PCA HOLDINGS CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 810A00004376

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Distriction of Communities and DO BOY 6207 Tallahagana Elarida 2021

## **COVER LETTER**

TO: Amendment Section Division of Corporations

PCA Holdings Cor P Name of Corporation SUBJECT:

## DOCUMENT NUMBER: P0 1000105517

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert obringer Name of Contact Person	SEC!
1	SECRETAR
PCA HOLDINGS CORP Firm/Company	m≺ _
1002 JUST-JON Street Address	E, FLORIDA
Wilmington, DE 19801 UCity/State and Zip Code	
RODFinger RPhillips-Cohen. Com E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Kobert Obringer	ai	(302	) 355-3500 & Daytime Telephone	×2535
Name of Contact Person	- •	Area Code	& Daytime Telephone	Number 🕤 🕑

Enclosed is a \$35.00 check made payable to the Department of State.

...

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Ş

CR2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 71 statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_ in order to change its registered office or registered ugent, or both, in the State of Florida.

1. The name of the corporation: <u>PCA HOLDINUS CORP</u> 2. The principal office address: <u>900 S. Pinc Istud Road Soite 120</u> <u>Plantation</u> , FL <u>33324</u> 3. The mailing address (if different):		
<ul> <li>4. Date of incorporation/qualification: <u>11 1 01</u> Document number: <u>P61000 1055</u></li> <li>5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)</li> </ul>	<u>17</u>	
<u>Layn offenberger</u> <u>900 S. Pinc Island Road Swite 120</u> <u>Photation, FL 33324</u> 6. The name and street address of the new registered agent (if changed) and /or registered office	O MAR 30 PH 12: 44 SECRETARY OF STATI	FILED
(if changed): <u>Mathiw Phillips</u> <u>900 S. Pine Island Road Suite 600</u> PO. Box NOT acceptable <u>Plantation, FL 33324</u>	LORIDA	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

ADA M

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

PHIL MATT HEW Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)