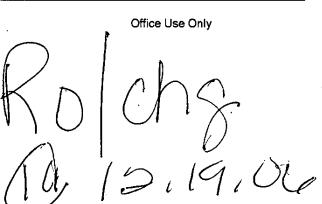
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| (Re | questor's Name) | |
|-------------------------|-------------------|------|
| (Ad | dress) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
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FILED
SECRETARY OF STATE
DIVISION OF THE

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: PML+C Tox. (Name of Corp. | poration) | | |
| DOCUMENT NUMBER: POSODOULOU | 135 | | |
| 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: | | |
| Mattrew E M (Name of Conta | Crowl ct Person) | | |
| PWUHC I | pany) | | |
| Lools O Lecture (Address | d St.S. | | |
| City/State and | FL 35715 Zip Code) | | |
| For further information concerning this matter, please call: | | | |
| Mattrew E Mannie (Name of Contact Person) | at (Area Code & Daytime Telephone Number) | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |
| Mailing Address: 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 | | |

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 statement of change is submitted for a corporation organized under the laws of the State of Frankley |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: PMUHC, The. |
| 2. The principal office address: Lookes Lee land St. S. |
| St. Petershara Fl 35715 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 391,305 Document number: P05000046435 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Matthew E Marone |
| 1936 Michigan are NE |
| St. Petersburg Fr 33703 5 |
| Matthew E Marone 1936 Michigan are NE St. Petersburg Fr. 33703 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Mattrew E Marone |
| (P.O. Box NOT acceptable) |
| St. Petersburg F 33715 |
| 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. |
| (Signature of the officer of director) North from Mayore Peresident (Printed or typed name and title) |
| 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, I hereby confirm that the corporation has been notified in writing of this change. |
| [12 12/00 |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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