

PO0000021312

(Requestor's Name)

OPERA

1819 West Ave, Bay # 3 Miami Beach, FL 33139  
PH: (800) 378 3127 FX: (866) 426 9563  
WWW.THEOPERACOMPANY.COM

(Address)

(City/State/Zip/Phone #)

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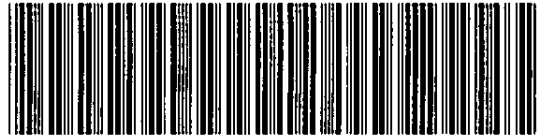
(Business Entity Name)

(Document Number)

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2009 JUL 30 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OR  
7/30/09

\*00789, 00624, 00524, 00672



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2009

Opera  
1819 West Ave  
Bay 3  
Miami Beach, FL 33139

SUBJECT: PDM UK CORP.

Ref. Number: P06000021312

We have received your document for PDM UK CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The registered agent is listed as Spiegel & Utrera. Please see the attached printout. Are you changing the registered agent or just the registered address? Please fill in the registered agent's name in block 5 & 6. The current registered agent and address goes in block 5 and the "new" registered agent and address goes in block 6.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 509A00021243

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PDM UK CORP.  
Name of Corporation

**DOCUMENT NUMBER:** P06000021312

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:

María M. Tilly Casaravilla  
Name of Contact Person

PDM UK CORP.  
Firm/Company

1819 West Avenue, Bay # 3  
Address

Miami Beach, FL 33139  
City/State and Zip Code

PDMUK @ theoperacompany.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( 1800 ) 378 3127  
Name of Contact Person 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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PDM UK CORP.  
2. The principal office address: 1819 West Avenue Bay #3  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/13/2006 Document number: P06000021312

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)

Spiegel & Utrera P.A.  
1840 SW 22ND ST. 4th Floor  
MIAMI, FL 33145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Maria M. Tilly  
1819 West Avenue Bay #3  
P.O. Box NOT acceptable  
Miami Beach, FL 33139

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2009 JUL 30 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

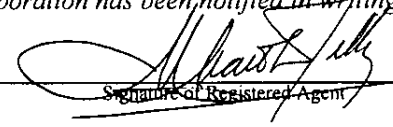
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 an officer or director

M. Martha Tilly, President  
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.*

  
Signature of Registered Agent

07/27/2009  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)