205000017686

Florida Department of State

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REGISTERED AGENT CHANGE

PGA MGP CORP.

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Help

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

| statement of ch | ange is submitted | tions 607.0502, 617.0502, t for a corporation organize | d under the laws of th | e State of Florida | |
|--|--|--|--|--|--|
| | | gistered office or registered | a agent, or both, in th | e State of Florida. | |
| | - | PGA MGP CORP. | | | |
| 2. The principal | l office address: N | orman G. Otodanker, Esq., Tillin | ghast Licht LLP, 10 Weyt | osset Street, 10th Floor, Providence, RI 02903 | |
| 3. The mailing | address (if differe | nt): | | | |
| Norma | an G. Oroden | cer, 10 Weyhosset 9 | Street, 10th RI | oor, Providence RI 02903 | |
| 4. Date of incor | poration/qualifica | tion: March 3, 1995 | Document number | P95000017684 | |
| 5. The name an | | the current registered ager | | - | |
| | Alan D. Axelr | od | | · | |
| | 2500 First Union Financial Center | | | | |
| | Mlami | Florida | 33131 | | |
| 6. The name and (if changed): | d street address of | the new registered agent (i | if changed) and /or re | gistered office | |
| | CT Corporat | ion System | | | |
| | 1200 South | Pine Island Road | | 5 | |
| | | (P.O. Box: NOT acceptable) | | ₩ ∞ | |
| | Plantation, | FL 33324 | | · | |
| The street addr | ess of its register l be identical. | ed office and the street add | dress of the business | office of its registered agent, | |
| Such change w authorized by t | as authorized by he board, or the o | resolution duly adopted beorporation has been notified | y its board of directo led in writing of the | ors or by an officer so change. | |
| My | predakan appear or afre | Que Can | Norman G. Oro | denkar Secretary pod manu abd nile) | |
| I hereby accept I further agree of my duties, an document is be corporation ha | nd l am familiar i ing fded merely t is been norsfied in | with and accept the obliga o reflect a change in the r writing of this change. | gree to act in this co s relative to the prop tion of my position c egistered office addr | spacity, her and complete performance is registered agent. Or, if this was, I hereby confirm that the | |
| - J-1/ J | gnature of Registered A | TRACI HOUCK SSISTANT SECRETARY SEEM) | 4/110/07 | Date) | |
| TR OPECIAL ASS | shalf of an entity: ACI HOUCK SISTANT SECRETARY Typed or Printed Name | | | | |

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