kerida Department of State **Division of Corporations** 

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Fax Number : (850)617-6380

From:

Account Name : C | CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## REGISTERED AGENT CHANGE PDMF PROPERTIES, INC.

Certificate of Status	()
Certified Copy	l l
Page Count	02
Estimated Charge	\$43.75

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Electronic Filing Menu Corporate Filing Menu

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

in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation. PDMF PROPERTIES, INC.	
The name of the corporation. PROPERTIES, ISC.  The principal office address: 9017 Sundance St. Wake Forest, NC 27587	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/19/1995 Document number: P95000055841	
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)	
LEGALING CORPORATE SURVICES INC.	23
476 RIVERSIDE AVE	731:
JACKSONVILLE, FE. 32202	
6 The name and street address of the new registered agent (if changed) and/or registered office (if changed):	23/22-4 PM 12: 42
CT Corporation System	FATE
1200 South Pine Island Road	, , ,
P.O. Box, NOT acceptable	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registe as changed will be identical.	red agent.
Such change was authorized by resolution duly adopted by its board of directors or by an officer sauthorized by the board, or the corporation has been notified in writing of the change.	o
Reth A. Murphy Vice President  Profes or typed name and fills	·
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 staintes relative to the proper and complete pe of my duties, and I am familiar with and accept the obligation of my position as registered agent, document is being filed merely to reflect a change in the registered affice address, I hereby conti- corporation has been notified in writing of this change.  CT Corporation System	Or, if this
3/28/2023 Date of Registered Agent Date	
Liumou	
If signing on behalf of an entity	
Rachel O'Connor - Assistant Secretary  Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 5327, Tallahassee, Fl. 32314 CR2F045 (04/13)

By: