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NAVON & LAVIN, P.A.

ATTORNEYS AT LAW

Samuel D. Navon

Emerald Park Office Center 2699 Stirling Road • Suite B-100 Fort Lauderdale, Florida 33312 Telephone (954) 967-2788 Facsimile (954) 983-7021 E-Mail staff@navonlavin.com

Writer's Direct E-Mail: snavon@navonlavin.com

May 27, 2010

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: PJL Limited, Inc. (the "Corporation")

Our File No. 1843.001

Dear Sir or Madam:

Enclosed please find for filing a Statement of Change of Registered Office or Registered Agent for the above-captioned Corporation, together with a check in the amount of \$35.00 made payable to Florida Department of State, representing the filing fee.

Thank you for your assistance in this matter.

Very truly yours,

NAVON & LAVIN, P.A.

Marilyn G. Olmsted

Legal Assistant to Samuel D. Navon

Enclosures

cc: Mr. Paul J. Leight (w/o encs.)

Samuel D. Navon, Esq. (w/o encs.)

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

statement of cha	ange is submitted for a c	corporation organize	507.1508, or 617.1508, F d under the laws of the St d agent, or both, in the St	ate of Florida
	the corporation: PJL office address: 1930		Suite 605, Hollywood	i, FL 33020
	address (if different):			
4. Date of incorp	poration/qualification:	June 4, 1997	Document number:	P97000049249
	d street address of the curtiment of State: (If resign		t and registered office on	file with the
	· .	Resigned	<u> </u>	
				7810 TALL
6. The name and (if changed):			f changed) and /or registe	TALLAHASSI
	Samuel D. Navon 2699 Stirling Road	<u> </u>		PH 12: 01 (OF STATE EE, FLORIE
	Fort Lauderdale, I			RIC RICE
				ce of its registered agent,
Such change was	as authorized by resolu	ation duly adopted by ation has been notifi	vits board of directors or ed in writing of the chan	
	ne of an officer of the color		Paul J. Leigh	
Inereby accept I further agree of my duties, an document is bei corporation has	the appointment as reto comply with the product of a familiar with a fing filed merely to refleto to refleto the motified in writing the complete of the compl	gistered agent and a visions of all statute, nd accept the obliga ect a change in the re ng of this change.	gree to act in this capact is relative to the proper a tion of my position as reg egistered office address,	ity, nd complete performance gistered agent. Or, if this I hereby confirm that the
1/	Signature of Registered Agent Date			2010
	chalf of an entity:			
T	yped 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)