1629	733
PDBEL INC. Requester's Name	
4174 Banbury Circle Parriel Tel 34219	-
$\frac{\text{City/State/Zip}}{\text{City/State/Zip}} + \frac{37217}{\text{Phone } \#}$	
	Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		
(Corporation Name)	(Document #)	
2(Corporation Name)	(Document #) 8000035 -04/06/1	0101047013
3(Corporation Name)	*******3! (Document #)	<u>5.UU</u> *****55.UU
4(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	Certified Copy	y
☐ Mail out ☐ Will wait	Photocopy Certificate of	Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	SECRETARY OF STATE STATE OF AM II: 24
OTHER FILINGS	REGISTRATION/QUALIFICATION	,
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other R. A. Oc.	ddress ge only
CR2E031(7/97)	Examiner's Ini	

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

Pursuant to th	e provisions of sections	s 607.0502, 6.	17.0502, 607. ₋	1508, or 617.1	508, Florida St	atutes,
the undersigne	d corporation organized	l under the lav	vs of the State	of FLO	RIDA	
submits the fol	lowing statement in ord	er to change i	ts registered o	office or registe	ered agent, or be	oth, in
the State of Flo	orida.				G ,	,
1. The name of	the corporation:	P D I	3×L 7	TNC.		
	<u> </u>	<u> </u>			<u> </u>	·
2. The mailing	address of the corporation	on:	74 1	BARBUR	zy Ciri	CLE
	PARRISH	FLOR	401	3421	9	•
2 D-451						22
3. Date of inco	rporation/qualification:	9/10/1	772 Do	cument numbe	r. <u>V G 29</u>	<u> </u>
4. The name an	d address of the current	registered age	nt and office:			
	PILIT.	P BU	\ \O = \ \ \ .	- K	_	
	PORCIS d address of the new reg	BANG	SURY 1	CIRCLE		另
	PARRIS	W FL	ORIDA	3421	9	5 3
5. The name an	d address of the new reg	istered agent	(if changed) ar	nd/or registered	office (if chang	ed)
	Q	P. O. Box Not	Acceptable)	-		
				•		~
•						-
-						
The street addreagent, as chang	ess of its registered offi ed, will be identical.	ce and the stre	et address of	the business of	fice of its regist	ered
Such change w	as authorized by resolut	ion duly adop	ted by its boar	rd of directors	or by an officer	so
authorized by the	ne board.				1-1	
(Signature)		-1	·	- 1	1/3/01	
_	of an officer, chairman or vice		•	•	,Date)	
ON.	CIP BLACK	MIKE	PRES	DENT		
	(Printed or typed name an	nd title)				•
Having been na corporation, I h I further agree to performance of registered agen	med as registered agen vereby accept the appoi to comply with the prov my duties, and I am far t.	nt and to accep ntment as regi visions of all si niliar with an	ot service of p istered agent of tatutes relative d accept the o	rocess for the cand agree to ac e to the proper bligation of m	ibove stated et in this capacit and complete y position as	<i>t</i> y.
				4/3	10.	
	ignature of Registered Agent)			(Date)	7.07	
If signing on behal	f of an entity:			•		
= = = = = = = = = = = = = = = = = = = =		10600	 1	DIE	want	
(1	PHICIP BC	W C /C ////	<u> </u>	(Capacity)	10011	

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* FILING FEE: \$35.00 * * *