L10000086797

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



700295065437

FILED STATE RECEIVED A 17 HAR -1 PH 4: 15

WROS MY RIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 529447 98373A

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 1, 2017

ORDER TIME : 3:25 PM

ORDER NO. : 529447-030

CUSTOMER NO: 98373A

CHANGE OF AGENT

NAME: P.D.K.N. P-3 OP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: P.D.K.N. P-3 OP., LLC				
	of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
C. Christian Sautter				
Name of Person				
Seiler, Sautter, Zaden, Rimes & Wahlbrin	nk			
Firm/Company				
2850 North Andrews Ave.				
Address				
Wilton Manors, FL 33311				
City/State and Zip Code				
csautter@seisau.net				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, plo	ease call:			
Chris Sautter	954 568-7000			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
NHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: P.D.K.N. P-3	OP., LLC	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1280 S. PINE ISLAND ROAD	Sar	me
	PLANTATION, FL 33324		
	08/18/2010	L100	000086792
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J, (4)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	MULLER, CHARLES EII		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	7385 GALLOWAY ROAD, SUITE 200		· ·
	MIAMI , FL	33173	
		·	TAR -
(b)			<u> </u>
• • • • • • • • • • • • • • • • • • • •	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	C. CHRISTIAN SAUTTER		- AN 8: 17
	NEW Registered Office Address:	· · · · ·	
	2850 NORTH ANDREWS AVE.		
	WILTON MANORS ,FL	33311	
he char agent w was/wei he artic Signatu I hereb provisio he oblis o merel actificat	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect, a change in the registered office address, I have the content of the content of the content of the registered of the content of the content of the registered of the content of the content of the registered of the content of the law of the registered of the registered of the registered of the content of the law of the registered of the regis	the registered bility company f the limited lia limited liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. NOEL COLON Printed or typed name of signee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00