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Special Instructions to	Filing Officer:				





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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2016

DEAN CALHOUN 3821 CEITUS PKWY CAPE CORAL, FL 33991

SUBJECT: BIG PINK MATLACHA L.L.C.

Ref. Number: L15000191022

2017 JAN -6 PM 3: 06
SECRETARY OF STAIL

We have received your document for BIG PINK MATLACHA L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

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Letter Number: 316A00026385

COVER LETTER

TO: Registration Section Division of Corporations						
·						
SUBJECT: Big Pink Mallacha L. L.C. Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Dean H. Calhoun						
Dean H. Calhoun Name of Person						
A: D: V > 11 C						
Bis Pink Mathaba LLC. Firm/Company						
3821 Ceitus Darkway Address						
/100.055						
City/State and Zip Code						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Decn Calhour at (239) 633-7447						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section Division of Corporations Division of Corporations						
Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32314						
Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

* 4 * 7 ...

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.

I. Na	me of the limited liability company:	a mat	lach	a L.L.C.		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) <u>`</u>	Ma	ailing address of limited (Note: MAY BE POST		.
	3821 Ceitus Parkway	9). U . B	OK 151432		
	Cape Coral Fl. 13991		Cope	Coral FI	33915	
	Date of filing/registration in Florida		150	0019102	7_	
3.	Date of filing/registration in Florida	4.	Ĺ	Ocument number		
5. (a)	Dean H. Calhou					
	Registered Agent and Registered Office shown on the records of the	e Florida Dept	. of State:			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)				
	3821 Ceitas Parkway					
	Cope (Ora) ,FL	3399	1		7 18	## 나뉩H* ig
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(b) Deca H. Calhora Enter name of NEW Registered Agent and/or NEW Registered Office address:					1	
	The Hallo of The Winegistered Agent and of The Winegistered of	<u> </u>				
					PM 12:	
	NEW Registered Office Address:				0.2	
	3821 Ceitus Parkway				; · · · · ·	
	Cope (Seal , FL	33991				
	•					
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered bility compa the limited	d office a my, it is l liability	and the business of hereby confirmed the company or as othe	fice of the registed that the change(s)	ered)
ine unt	of Color of the operating agreement of the in	_	•	•		
Signa	ture of a member or authorized representative of a member	156	(Ca) 1	Printed or typed name o	fsignee	
provisi the obl to mer notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act in therformance for in Chap ereby confir	his capac of my di ter 605, m that th	city. I further agree uties, and I am fami F.S. Or, if this doc ee limited liability c	e to comply with iliar with and ac ument is being fi ompany has bee	the cept iled n
Signatu	re of Registered Agent					

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