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## **COVER LETTER**

Division of Corporations			
SUBJECT: The Pacumbo Group LLU  Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Address chance			
Please return all correspondence concerning this matter to the following:			
JAMES PALUMBO Name of Person			
The Palumbo Group LLC Firm/Company			
5939 Northridge Dr. Address			
Naples FL 34110 City/State and Zip Code			
Lim @ PAlumboaroup, Com E-mail address: (to be used for fluture annual report notification)			
For further information concerning this matter, please call:			
JAMES PALUMBO at (239) 300 - 6003  Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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:			
\$25 Filing Fee & Certified Copy			

INHS18 (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.

I. Na	me of the limited liability company: The Pacumbo	Group LLU
	5939 Northridge Dr. 60 S	<b>\</b>
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NAPles, FL 34110	
	3/18/1999 L9	9000001654
3.	Date of filing/registration in Florida 4.	Document number
5. <b>(a)</b>	JAMES PALUMBO	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of St	ate: 5
	10052 Boca Circle	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	LED RI 3: 43
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	NAPIES ,FL 34109	
	, IL , I , I	
(b)		of the second se
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_
	5939 Northridge Dr.	
	NEW Registered Office Address:	<del>_</del>
		<u> </u>
	NAPles , FL 34110	_
If the lir	nited liability company is not organized under the laws of the State of F	lorida, it is hereby confirmed that after
agent w	ill be identical. Or in the case of a Florida limited liability company it	ce and the business office of the registered
THUS THOS	e additionable of the limited liability of the members of the limited liability	ty company or se othograps pessed at it.
	ios of organization of the operating agreement of the limited liability co	mpany.
Signatu	re of a member or authorized representative of a member	Printed or typed name of signee
I hereb provisió the oblis to merel	y accept the appointment as registered agent and agree to act in this cap ns of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 60 y reflect a change in the registered office address, I hereby confirm that in writing of this change.	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signature	of Registered Agent	