

L080000113924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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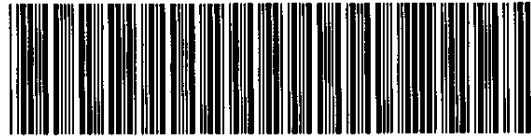
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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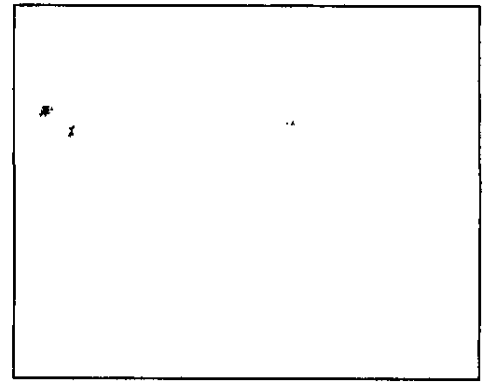
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FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
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WALK-IN

ENTITY NAME:

PIMT SPECIAL ASSETS, LLC

CK# 4227

AMOUNT \$75.00 (425.00 FOR THIS FILING)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV 19 PM 2:02

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE  
FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: PIMT SPECIAL ASSETS, LLC

2. (a) Principal office address of limited liability company: 1390 SOUTH DIXIE HWY

☒       

(Note: **MUST BE STREET ADDRESS**)

SUITE 2123/2124  
CORAL GABLES, FL 33146

(b) Mailing address of limited liability company: 1390 SOUTH DIXIE HWY

☒       

(Note: **MAY BE POST OFFICE BOX**)

SUITE 2123/2124  
CORAL GABLES, FL 33146

12/12/08

3. Date of filing/registration in Florida

L08000113924

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

MICHAEL J. MAXWELL

Registered Office Address:

1390 SOUTH DIXIE HWY  
SUITE 2123/2124  
CORAL GABLES, FL 33146

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

ATRIUM REGISTERED AGENTS, INC.

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

1500 SAN REMO AVE  
SUITE 125  
CORAL GABLES, FL 33146

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michael J. Maxwell  
Signature of a member or authorized representative of a member

Michael J. Maxwell  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: John P. Kunkle, V.P.  
Signature of Registered Agent

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