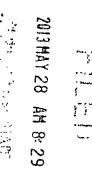
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Office Use Only



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05/28/13--01019--031 **35.00



J. SAULSBERRY EXAMINER MAY 292013

VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: PALM LAKE RENOVATION, LLLP

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Rachel Szitas
REGISTERED AGENT SOLUTIONS, INC.

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	PALM LAKE RENO				_
Nai	me of Limited Partnership or Limite	ed Liability L	imited Partners	ship	
2. 1	1/15/2011	3	A11000	0000839	
Date of filing/registration in Florida			Florida docur	nent number	
4. The name of the repeatment of State:	gistered agent and the registered of	fice address a	s shown on the	records of the Florid	a
	NRAI SERVIC	CES, INC			
	Name	·			
	515 EAST PA	RK AVE			
	Addres	S			
	TALLAHASSEE	, FL 3230	1		
	City, State as	nd Zip			187
5. The name and Flor	ida street address of the new registe	ered agent and	d/or office:	(a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	02 1M1 C18
	Registered Agent S	Solutions,	Inc.	, , , , , , , , , , , , , , , , , , ,	r
	Name			ام من المنظم المنظم المنظم المنظم المنظ	-
	155 Office Plaza	Dr. Suite	Α	<u></u>	٠
	Florida street address (P.O.	Box not acce	eptable)		,
	Tallahassee	FL	32301	15 m	
	City, State a	nd Zip		•	
6. Such change(s) is/a	are effective when filed by the Flori	ida Departme	nt of State.		
comply with the provis	pointment as registered agent and sions of all statutes relative to the para accept the obligations of my po	proper and co	mplete perfor <mark>m</mark>		
Signature of Registere	ANTPlores, Asst-SCC.				
Filing Fee	\$35.00				

Certified Copy (optional): \$52.50

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	LM LAKE RENO				
Name of Limit	ed Partnership or Limited	Liability Li	mited Partr	nership	
2. 11/15/201	1	3	A110	000000839	
Date of filing/registration in Florida			Florida do	cument number	
4. The name of the registered ago Department of State:	ent and the registered offic	e address as	shown on	the records of the Flor	ida
	NRAI SERVICE	S. INC			
·	Name			_	
		_			
TALLAHASSEE, FL 32301					e C
	17 T	TA I			
5. The name and Florida street ac	idress of the new registere	ed agent and	or office:		07
F	Registered Agent So	olutions, I	nc.	,	H
 	Name			e- e-	č,
	155 Office Plaza	r. Suite A	4	žÄ.	57,
Flo		ď			
	Tallahassee	FL	32301	<u>1</u>	
	City, State and	Zip			
6. Such change(s) is/are effective	when filed by the Florida	a Departmen	t of State.		
I hereby accept the appointment of comply with the provisions of all and I am familiar with an accept AYF or Signature of Registered Agent	statutes relative to the pro	per and con	nplete perfo	ormance of my duties,	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50