

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(Only/State/21p/1 Holle #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

gkirby3@cscinfo.com From: Grace Kirby

Date: March 18, 2014

Order#: 956986/283

Re: PINES WHISPER, LLC

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing.

Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are  $\infty$ any problems or questions with this filing, please call our office.

INCA.XCOA

## 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	me of the limited liability company: PINES WHISP	PER, LL	.C				
2.	(a)	590 W Kennedy Boulevard		(b)	590 W Kennedy Boul	evard		
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address o	f limited liability company: EE POST OFFICE BOX)		
		2nd Floor			2nd Floor			
		Lakewood, NJ 08701			Lakewood, NJ 08701			
		03/07/2000	<del></del>		L00000002740			
3.		Date of filing/registration in Florida	4.		Document nu	mber		
5.	(a)	C T Corporation System						
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		Plantation , Fl	L <u>333</u>	324		2014 KAR		
	(b)	Corporation Service Company				%: N ₽		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:			
		1201 Hays Street						
		NEW Registered Office Address:				इस ळ		
		Tallahassee FI	, 222	01				
		, FI	L <u>323</u>	UI				
the ag wa	e cha ent v as/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the re iability of the l	gist cor limi	tered office and the busin mpany, it is hereby confit ted liability company or a	ness office of the registered rmed that the change(s)		
	Cianat	ure of a member or authorized representative of a member	<u></u>	ona	Priebe, Authorized Pers	Authorized Person  Printed or typed name of signee		
I o pr the to no	herel ovisi e obli mere tified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	e perfoi ed for i hereby	rma n Ci v coi	in this capacity. I further	r agree to comply with the m familiar with and accept his document is being filed bility company has been		
		- corporation corride company						

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