

LO20000017616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

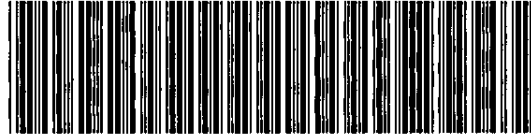
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAR 08 2016  
J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PCD INVESTMENTS, LLC

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:

Craig M. Oberweger, Esq

Name of Person

Palm Law Partners

Firm/Company

1801 N. Military Trail #120

Address

Boca Raton Florida 33431

City/State and Zip Code

craig@pallmlawpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Seidman

954

350-4575

at ( )

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center 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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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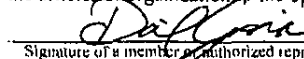
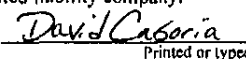
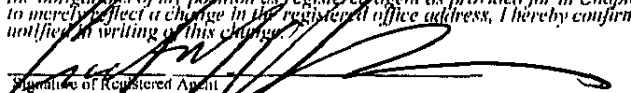
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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. Name of the limited liability company: <u>PCD INVESTMENTS, LLC</u>	
2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i> <u>552 N.E. 34TH COURT</u> <u>OAKLAND PARK, FL 33334</u>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i> <u>552 N.E. 34TH COURT</u> <u>OAKLAND PARK, FL 33334</u>
<u>07/12/2002</u>	<u>L02000017616</u>
3. <u>Date of filing/registration in Florida</u> <u>SAAVEDRA, DAMASO W</u>	4. <u>Document number</u>
5. (a) <u>Registered Agent and Registered Office shown on the records of the Florida Dept. of State:</u> <u>312 S.E. 17TH STREET</u> <u>Registered Office Address (MUST BE FLORIDA STREET ADDRESS)</u> <u>SECOND FLOOR</u> <u>FORT LAUDERDALE, FL 33316</u>	
(b) <u>Craig M. Oberweger, Esq</u> <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Palm Law Partners, P.A.</u> <u>NEW Registered Office Address:</u> <u>1801 N. Military Trail #120</u> <u>Boca Raton FL 33434</u>	

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.

 Signature of a member or authorized representative of a member	 Printed or typed name of <u>Member</u>
<i>I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the 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 605, 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.</i>	
 Signature of Registered Agent	

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

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