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K. SALY EXAMINER FEB 2 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PINEAPPLE PROPERTIES LLC		
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.	
Please return all correspondence of	concerning this matter to the following:	
WILLIAM M	El AM	
Name of Perso		
PINEAPPLE PROP		
rinn/Company		
1590 HIGHLAN	ND AVE	
Address		
MELBOURNE, I	FL_32935	
City/State and Zip	Code	
BILL.ELAM @ GMAIL.COM E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future a	nnual report notification)	
For further information concerning	g this matter, please call:	
BILL ELAM	at (<u>321</u>) <u>543-8919</u>	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADD	RESS: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	e Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for th	ne following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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:	PINEAPPLE PROPERTIES LLC
2. (a) Principal office address of limited liability	y company: 1590 HIGHLAND AVE
(Note: MUST BE STREET ADDRESS	MELBOURNE, FL 32935
(b) Mailing address of limited liability compa	any: 1590 HIGHLAND AVE
(Note: MAY BE POST OFFICE BOX)	MELBOURNE, FL 32935
AUGUST 7, 2002 3. Date of filing/registration in Florida	4020000 20071
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State:
Registered Agent:	WILLIAM M ELAM
Registered Office Address:	1590 HIGHLAND AVE
	MELBOURNE, FL 32935
(b) Enter name of NEW Registered Agent a	nd/or NEW Registered Office address
NEW Registered Agent:	nd/or NEW Registered Office address SUSAN M EXTEIN-ELAM 1590 HIGHLAND AVE
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDR.	ESS) 1590 HIGHLAND AVE
	MELBOURNE ,FL 32935
confirmed that after the change or changes are m and the business office of the registered agent wi liability company, it is hereby confirmed that the	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization of company.
WILLIAM M FLAM	

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.

Signature of Registered Agent

Printed or typed name of signee