## L0300000848

| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| Certified Copies        | Certificate       | s of Status |
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| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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| COVER LETTER  |
|---|
| TO: Registration Section Division of Corporations   |
| SUBJECT: Pinewood St. Mary's Property 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:   |
| Carl A. Flick Name of Person  |
| Name of Person  |
| Trustee for Member  |
| Firm/Company  |
| P.O. Box 432  |
| Address   |
| West Palm Beach, FL 33402<br>City/State and Zip Code  |
| Synergia Chellsouth. net E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| Carl A. Flick at (561) 844-5488  Name of Person Area Code & Daytime Telephone Number  |
| Name of Person Area Code & Daytime Telephone Number   |
| CMP HEMICOLD IN THE COLUMN TO |

## 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

## 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.

| 2 IOTIUU                                    |   |
|---|---|
| 1. Na                                       | me of the limited liability company: Pinewood St. Mary's Property   |
| 2. (a)                                      | (b) Limited Liability Compa   |
| 2. (a) .                                    | Principal office address of limited liability company:  Mailing address of limited liability company:   |
|   | (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)   |
|   | 2432 Edgewater Drive P.O. Box 432   |
|   | west Palm Beach, FL 33406 West Palm Beach, FL 33402   |
|   | 1/3/2003 L0300000848  |
| 3.  | Date of filing/registration in Florida 4. Document number   |
| 5. (a)                                      | Currently on file   |
|   | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  |
|   | Charles Mustrove  |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |
|   | 2328 S. Congress Avenue Suite 10  |
|   | West Palm Beach FL 33406  |
| (1.)  | New E   |
|   | Enter name of NEW Registered Agent and/or NEW Registered Office address:  |
|   | \$400 ft (1) and (1) an |
|   | Charles musgrove  |
|   | NEW Registered Office Address:  |
|   | 2432 Edgewater Drive  |
|   |   |
|   | West Palm Beach , FL 33406  |
| If the li                                   | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after  |
| the chai                                    | nge or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)  |
| was/we                                      | re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in  |
| the artic                                   | eles of organization or the operating agreement of the limited liability company.   |
| Signatu                                     | re of a member or authorized representative of a member  Carl A. Flick  Printed or typed name of signee   |
|   | y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  |
| provisio<br>the obli<br>to mere<br>notified | ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept<br>gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed<br>by reflect a change in the registered office address, I hereby confirm that the limited liability company has been<br>in writing of this change.  |
| <del>-</del>                                | Charles W Musporc of Registered Agent   |
| Signature                                   | of Registered Agent $\theta$  |

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