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(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Business Entity Name)		
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COVER LETTER

TO: Registration Section Division of Corporations	w ^e		
SUBJECT: North Pinewood Property	, , ,		
Name of Limited Liability Compan	y		
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			
Trustice for Member Firm/Company			
P.O. Bo × 432 Address			
West Palm Beach, FL 33402 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 Daytime Telephone Number		
Name of Ferson	Buytime retephone (valider		
STREET/COURIER ADDRESS: MAILING ADDR			
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327	***************************************		
2661 Executive Center Circle Tallahassee, Florida 32301	la 32314		
Enclosed is a check for the following amount:			
△ \$25 Filing Fee	Certified Copy		

INHS18 (2/14)

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 10, 10,		
1. Na	Name of the limited liability company: North Pinewood	Property Limited
2. (a)	(b)	Liability Compani
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		.0, Box 432
	west Palm Beach, FL 33406 w	Jest Palm Beach, FL 33402
	1/8/2003 Li	D3 <i>000</i> 000862_
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	a) Currently on file	
3. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of	State:
	Charles Musarove	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	2328 S. Congress Avenue Suite 10	22
	West Palm Beach ,FL 33406	— 三
	New	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	,
	Charles musgrove	
	NEW Registered Office Address:	
	2432 Edgewater Drive	
	West Palm Beach FI 33406	,
	West Palm Beach FL 33406	<u></u>
If the li	limited liability company is not organized under the laws of the State of	f Florida, it is hereby confirmed that after
the char agent w	hange or changes are made, the Florida street address of the registered o t will be identical. Or, in the case of a Florida limited liability company,	ffice and the business office of the registered it is hereby confirmed that the change(s)
was/we	were authorized by an affirmative vote of the members of the limited lial rticles of organization or the operating agreement of the limited liability	bility company or as otherwise provided in
the artic	rucies of organization of the operating agreement of the finned habitity	Λ Tele-L
Signate	nature of a member or authorized representative of a member	A. Flick Printed or typed name of signee
I hereb provisio the obli to mere notified	eby accept the appointment as registered agent and agree to act in this isions of all statutes relative to the proper and complete performance of bligations of my position as registered agent as provided for in Chapter releving the change in the registered office address, I hereby confirm the din writing of this change.	capacity. I further garee to comply with the
Classic	ture of Registered Agent	
-Signatur	iture of Kegistered Agent	