

L03000019803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

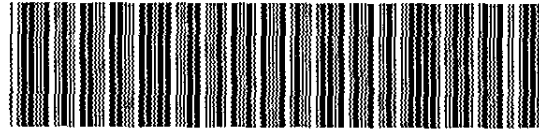
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200033559792

FILED

04 MAY -7 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 MAY -7 AM 10:36

DEPT. OF REVENUE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032
REFERENCE : 621645 7430117
AUTHORIZATION : *Patricia Pijoto*
COST LIMIT : \$ 25.00

FILED
04 MAY -7 PM 4:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : May 6, 2004
ORDER TIME : 9:40 AM
ORDER NO. : 621645-005
CUSTOMER NO: 7430117
CUSTOMER: Ben Post
P&s Equities, Inc.
1076 Grand Isle Drive
Naples, FL 34108

CHANGE OF AGENT

NAME: PAGODA PEAK, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

**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. The name of the limited liability company is: PAGODA PEAK, LLC
2. The mailing address of the limited liability company is : _____
287 Burnt Pine Drive, Naples, FL 34119
3. Date of filing/registration in Florida 05/29/2003 4. Document number L03000019803
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Nace Cohen

Name

287 Burnt Pine Drive

Address

Naples, FL 34119

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

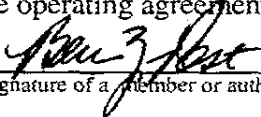
1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City, State and Zip

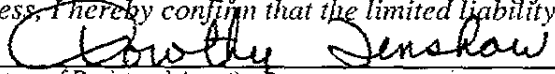
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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)

Ben Post

(Printed or typed name of signer)

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) Dorothy Tenshaw, Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314