

204000019087

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J SHIVERS

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TALLAHASSEE, FLORIDA

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Date: 01/29/2016

Account #: I20000000088

Name: Darian Shump

Reference #: C015105

ENTITY NAME: THE PALMS MGT, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

Authorized Amount: 25.00

Signature:  _____

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Signature: _____

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: info@nationalcorp.com Website: www.nationalcorp.com

**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: The Palms MGT, LLC
3599 W. Lake Mary Boulevard, Suite 1-E,
2. (a) Lake Mary, FL 32746 (b) P.O. Box 530206, Debary, FL 32753
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 03/01/2004 4. Document Number L04000019087
Date of filing/registration in Florida Document number

5. (a) L.P. Herzog
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

240 EAGLE ESTATES DRIVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DEBARY, FL. 32713

- (b) NATIONAL CORPORATE RESEARCH, LTD., INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4
NEW Registered Office Address:

Tallahassee, FL. 32301

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

Anthony Edmonds
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 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.

 Brandie Sullivan, Assistant Secretary

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

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16 JAN 29 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA