L040000 28405

| (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: | | | | |
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Office Use Only



800328249408

04/25/19--01022--004 **25.00



O SIMMONS

COVER LETTER

| Division of Corporations | | | |
|--|---|-------------------------------------|--|
| SUBJECT: Palm 113, LLC | | | |
| Nam | e of Limited | Liability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office | ee Change a | nd feets) are submitted for filing. | |
| Please return all correspondence concerning this | | | |
| Michael J. Wylie | | | |
| Name of Person | | | |
| Palm 113, LLC | | | |
| Firm/Company | | | |
| 9864 E. Grand River Ave., Suite 110-319 | 9 | | |
| Address | - <u>-</u> - | | |
| Brighton, MI 48116 | | | |
| City/State and Zip Code | | | |
| mikewylie@aol.com | | | |
| E-mail address: (to be used for future annua | l report not | ilication) | |
| for further information concerning this matter, p | lease call: | | |
| Michigan J. Wylie | 810 | , 599-9151 | |
| Name of Person | · | Area Code & Daytime Telephone Numbe | |
| 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 an | nount: | | |
| ☑ \$25 Filing Fee | | 55 Filing Fee & Certified Copy | |
| SHS18 (2/14) | | C and a second 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. (a) | 5468 River Ridge Drive | (b) 9864 I | E. Grand River Ave. Suite 110-319 |
|----------------------------|--|--------------------|---|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) |
| | Brighton, MI | Brighte | ** |
| | 48116 | 48116 | |
| | 04/14/2004 | L04000 | 028405 |
| . (a) | Date of filing/registration in Florida Barnes, Garret t | 4. | Document number |
| . (a) | Registered Agent and Registered Office shown on the records of the Barnes Walker. Chartered | Florida Dept of St | ate |
| | Registered Office Address | DRESS _I | _ |
| | Bradenton FI 34 | 205 | _ Hais 5 |
| | Enter name of NEW Registered Agent and/or NEW Registered Off Island Read Estate | lice address. | APR 25 AM |
| | NEW Registered Office Address: | | - <u>25</u> 9 |
| | 6101 Marina Drive | | . 08 8 0 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Holmes Beach . FL 34 | 217 | |
| ent wi s/weri articl | mited liability company is not organized under the laws of the organized under the laws of the organized under the laws of the identical. Or, in the case of a Florida limited liability of the authorized by an affirmative vote of the members of the less of organization or the operating agreement of the limit of the l | ity company, it i | e and the business office of the registere is hereby confirmed that the change(s) by company or as otherwise provided in inpany. |
| erehy visión abba | te of a member of authorized epresentative of a member accept the appointment as registered agent and agree to so of all stanties relative to the proper and complete perfactions of my position as registered agent as provided for the relative a change in the registered office address. I here is using of this change | o act in this cap | Printed or typed name of signee acity. I further agree to comply with the |