L04000075491

(Requestor's Name)							
(Address)							
(Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Ви	siness Entity Nar	ne)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to	Filing Officer:						
		ļ					

Office Use Only



400277885674

10/12/15--01012--024 **25.00

15 OCT 12 AM II: 34

OCT 1 4 2015

Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	PARKWAY WAREHOUSE A	ASSOCIATES, LLC				
50130		e of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	s matter to the following:				
Doug	ılas Boğue					
	Name of Person					
Park	way Warehouse Associates, LLC					
	Firm/Company					
26 Ta	all Oaks Circle					
	Address					
Tequ	esta, FL 33469-2713					
	City/State and Zip Code					
_	lasbogue@comcast.net					
I	E-mail address: (to be used for future annu	ual report notification)				
For fu	rther information concerning this matter,	please call:				
Doug	ılas Bogue	561 3087112				
	Name of Person	Area Code & Daytime Telephone Number				
	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				
INHS1	8 (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.	Na	me of the limited liability company: Parkw	vay Wareh				
2	(a)	Douglas Bogue		(b)	Douglas	s Bogue	
	(-)	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS		(0)		Mailing address of limited liability com (Note: MAY BE POST OFFICE BO	
		26 Tall Oaks Circle			26 Tall 0	Oaks Circle	
		Tequesta, FL 33469-2713			Tequest	ta, FL 33469-2713	
		10/18/2004		<u> </u>	_040000	75491	
3.		Date of filing/registration in Florida	1	4.		Document number	
5.	(a)						
	()	Registered Agent and Registered Office shown on the			Dept. of State	te:	
		Robert Panico					
		Registered Office Address (MUST BE FLORIDA		- 			
		26 Tall Oaks Circle				15 0	
		Tequesta	, FL_33	3469-	2713	IS OCT 12 AM II: 34 LUME ARY OF STATE LLAHASSEE, FLORIDA	The same
						SEE S	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Of	fice add	ress:	AM II: 34 UF STATE E. FLORID	U U
		Douglas Bogue				ATE RIDA	
		NEW Registered Office Address:	-			_	
						_	
			, FL			_	
the	e cha ent v as/we e arti	imited liability company is not organized uncampe or changes are made, the Florida street a will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the nucles of organization or the operating agreement of a member or authorized presentative of a member of authorized presentative of a member of a member of authorized presentative of a member of	address of the limited liabi nembers of the ent of the lin	e regis lity co he limi nited li	tered office mpany, it in ted liability ability con aglas Bog	the expectation is the second the second the second that the character company or as otherwise proven meany. Gue Printed or typed name of signee	registered nge(s) rided in
pr the to	ovisi e obl mer	by accept the appointment as registered agentions of all statutes relative to the proper and ligations of my position as registered agent at the reflect a change in the registered office and in writing of this change.	n and agree complete pe s provided fo ddress, I her	rforma or in C eby co	in inis cap ince of my hapter 60: nfirm that	ouchy. I further agree to comply of duties, and I am familiar with a style. S., F.S. Or, if this document is be the limited liability company ha	nd accept eing filed s been

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

Signature of Registered Agent