LOS 6000 37960

(Re	questor's Name)		
(Ad	dress)		
() (3	ulouy		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	: #)	
PICK-UP			
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

200249307682

07/08/13--01015--008 \*\*25.00



Office Use Only

• TO: Registration Section Division of Corporations

Pillar LLC

SUBJECT:

Name of Limited Liability Company

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:

Michael S. Griffith

Name of Person

Pillar LLC

Firm/Company

2232 Corporate Square Blvd

Address

Jacksonville, Florida, 32216

City/State and Zip Code

### shawngriffith00@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Griffith	904	545-4993
at	(	_)
Name of Person	A	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

JUL -8 AH 10: 17 DRE TARY OF STATE AHASSEE: FLORIDA

# 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. Name of the limited liability company: Pillar LLC
- 2. (a) Principal office address of limited liability company: <u>13055 Isleworth Ridge Court</u> (*Note: MUST BE STREET ADDRESS*) Jacksonville, FI, 32225
  - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida

13055 Isleworth Ridge Court Jacksonville, FI, 32225

50000 37960

4. Document number

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

Registered Agent:

Registered Office Address:

Michael S. Griffith

13055 Isleworth Ridge Court Jacksonville, FI, 32225

(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>:

**<u>NEW</u>** Registered Agent:

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Michael S. Griffith

2232 Corporate Square Blvd

Jacksonville FL 32216

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 alternative 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 monitor or authorized representative of a member ichal.

r

Printed or typed name of signee

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 Agen

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