## L05000060847

| (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



100217654811

01/17/12--01051--027 \*\*25.00

FILED
2012 JAN 17 PM STATE
SECRETARY OF STATE

C. LEWIS

JAN 1 8 2012

EXAMINER

## **COVER LETTER**

| TO:     | Registration Section Division of Corporations              |  |
|---------|--|--|
| SUBJ    | ***  | willa Office Center, LLC                           |
|         | Name of  | Limited Liability Company                          |
| Dear S  | Sir or Madam:  |  |
| The er  | nclosed Registered Agent/Registered                        | Office Change and fee(s) are submitted for filing. |
| Please  | return all correspondence concerning                       | g this matter to the following:                    |
|         | Anne M. Smith  |  |
|         | Name of Person   |  |
|         | Pinnacle Property Managemen                                | it, LLC  |
| <u></u> | 1511 East SR 434; Suite 30                                 | 001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1            |
|         | Winter Springs, FL 32708                                   |  |
|         | City/State and Zip Code                                    | <u> </u>   |
|         |  |  |
|         | asmith@ppmorlando.com                                      | 1  |
| E-      | mail address: (to be used for future annual report         | notification)                                      |
| For fu  | rther information concerning this mat                      | ter, please call:                                  |
|         | Anne M. Smith  | at ( 407 ) 977-0031                                |
|         | Name of Person   | Area Code & Daytime Telephone Number               |
|         | STREET/COURIER ADDRESS:                                    | MAILING ADDRESS:                                   |
|         | Registration Section                                       | Registration Section                               |
|         | Division of Corporations                                   | Division of Corporations                           |
|         | Clifton Building   | P.O. Box 6327                                      |
|         | 2661 Executive Center Circle<br>Tallahassee, Florida 32301 | Tallahassee, Florida 32314                         |
| ****    | Enclosed is a check for the following                      | ng amount:   |
|         | <b>√</b> \$25 Filing Fee                                   | \$55 Filing Fee & Certified Copy                   |

## 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.

| <b>3</b>  |  |
|---|--|
| Name of the limited liability company:  | Vistawilla Office Center, LLC  |
| 2. (a) Principal office address of limited liability com  | pany: c/o Pinnacle Property Management   |
| ( <u>Note: MUST BE STREET ADDRESS</u> )   | 1511 East SR 434, Suite 3001<br>Winter Springs, FL 32708   |
| (b) Mailing address of limited liability company:   | c/o Pinnacle Property Managemen  |
| (Note: MAY BE POST OFFICE BOX)  | 1511 East SR 434, Suite 3001<br>Winter Springs, FL 32708   |
| 06/17/2005  | L05000060847   |
| 3. Date of filing/registration in Florida   | 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown   | n on the records of the Florida Dept. of State:  |
| Registered Agent:   | Thomas E. Francis  |
| Registered Office Address:  | 215 N. Eola Drive Orlando, FL 32801  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:   | NEW Registered Office address:   |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | Pinnacle Property Management, LLC 1511 East SR 434, Suite 3001 Winter Springs ,FL32708   |
| If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company. | the laws of the State of Florida, it is hereby   |
| Printed or typed name of signee   |  |
| I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapten 608 F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability con   | and agree to act in this capacity. I further agree to<br>he proper and complete performance of my duties,<br>my position as registered agent as provided for in<br>to merely reflect a change in the registered office<br>mpany has been notified in writing of this change. |
| Signature of Registered Agent   |  |