

L 05000067794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

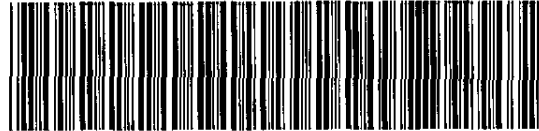
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TALLAHASSEE, FLORIDA

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October 27, 2005

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

PKP, LLC

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**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. The name of the limited liability company is: PKP, LLC
2. The mailing address of the limited liability company is : 10500 N. Port Washington Rd.
Mequon, WI 53092
3. Date of filing/registration in Florida: July 11, 2005
4. Document number L05000067794
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Susan W. Carlson
150 Second Ave. North
Suite 1100
St. Petersburg, FL 33701
6. The name and address of the new registered agent and/or office:

Kathleen A. Plautz
105 5th Ave. NE
St. Petersburg, FL 33701
7. The new mailing address of the limited liability company is: 105 5th Ave. NE
St. Petersburg, FL 33701

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STATE
TALLAHASSEE, FLORIDA

In the case of a Florida limited liability company, it is hereby confirmed that the changes 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.

Kathleen A. Plautz
Kathleen A. Plautz, Managing Member

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.

Kathleen A. Plautz
Kathleen A. Plautz

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