## #L05000082051

(Requestor's Nar	ne)		
(Address)			
(Address)			
(City/State/Zip/P	hone #)		
PICK-UP WAIT	MAIL		
(Business Entity	Name)		
(Document Number)			
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K.SALY EXAMINER JUL 31 2012

## **COVER LETTER**

ŢО:	Registration Section Division of Corporations				
 SUBJ	TECT:		PZ, LLC		
	Name of	Limited	l Liability Compa	any	
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office (	Change and fee(s	) are submitted for filing.	
Please	e return all correspondence concerning	g this m	atter to the follow	ving:	
	Thomas A Masker				
	Thomas A MacIvor Name of Person				
	Summit Management Grou	ın			
	Firm/Company	ip	<del></del>		
	·				
	3530 Kraft Road, Suite 20	4			
	Address	<u> </u>	<del></del>		
•	Naples, FL 34105				
	• 1				
E	Iprice@summit-management.	com	on)		
For fu	urther information concerning this mat	ter, ple	ase call:		
	Thomas A. Maclvor	at (	239 )	434-6222	
	Name of Person		Area Code &	Daytime Telephone Number	
	STREET/COURIER ADDRESS: MAILING ADDRESS:			DDRESS:	
——————————————————————————————————————			Registration Section		
	Division of Corporations  Division of Corporations  Division of Corporations				
	Clifton Building 2661 Executive Center Circle		P.O. Box 632' Tallahassee, F		
	Tallahassee, Florida 32301		1 41141140000, 1	TOTAL SEST	
	Enclosed is a check for the following amount:				
	\$25 Filing Fee		\$55 Filing I	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.

Name of the limited liability company:	PZ, LLC			
2. (a) Principal office address of limited liability company	: 3530 Kraft Road, Suite 204			
(Note: MUST BE STREET ADDRESS)	Naples, FL 34105			
(b) Mailing address of limited liability company:	3530 Kraft Road, Suite 204			
(Note: MAY BE POST OFFICE BOX)	Naples, FL 34105			
08/18/2005  3. Date of filing/registration in Florida	L05000082051			
	が			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	R&A Agents			
Registered Office Address:	% Stephen E Thompson, Assist Sec. 850 Park Shore Dr, Trianon Ctr, 3rd Flr Naples, FL 34103 US			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	Summit Management Group of Florida, Luc			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3530 Kraft Road Suite 204 Naples ,FL34105			
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization			
Alexander A. Pezeshkan				
Printed or typed name of signee	•			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.			
Signature of Registered Agent				

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