## L05000087787

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09/19/08--01013--022 \*\*55.

2008 SEP 19 P 12: 27
SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations					
SUBJECT: PL Hopkins, LLC (Name	of Lin	nited Li	ability Company)		•
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office	Change	e and fee(s) are submitted for	filing.	
Please return all correspondence concerning	g this n	natter to	the following:		
·	_		Ū		
Lt. D. W				ZO SI TAL	
John R. Kancilia (Name of Person)				EC S	-
(Name of Felson)				2000 SEP 19 SECRETARY ALLAHASSE	
				P 19 P 12: 2: TARY OF STATE ASSEE, FLORID	1
Gray Robinson, Attorneys at Law (Firm/Company)		<u> </u>	<del></del>		
(Filli/Company)				P 12: 21 OF STATE E. FLORIDA	
				ORIE 2: 2	
1795 West Nasa Boulevard			<del></del>	A A	
(Address)					
Melbourne, FL 32901			<del></del>		
(City/State and Zip Code)					
For further information concerning this ma	tter, ple	ease cal	1:		
John Kancilia	at (	321	) 727-8100		
(Name of Person)	ai (_		Code & Daytime Telephone	Number)	
(		(******		,	
STREET/COURIER ADDRESS:		M	AILING ADDRESS:		
Registration Section		Registration Section			
Division of Corporations	Division of Corporations				
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301		Tal	lahassee, Florida 32314		
Enclosed is a check for the following	ing am	ount:			
☐ \$25 Filing Fee		<b>Ø</b> \$3	55 Filing Fee & Certified Cop	ру	

INHS18 (5/08)

## 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: PL Hopkin	is, LLC		_ •
<ol> <li>(a) Principal office address of limited liability compa (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>	ny: 461 Mallard Lane Indialantic, FL 32903		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	461 Mallard Lane Indialantic, FL 32903		- E
09/06/2005	1.05000087787		- 1
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida D	Pept. of State:	
Registered Agent:	John R. Kancilia	— <u>¥</u> s 2	-
Registered Office Address:	1800 West Hibiscus Blvd. Suite 138	2000 SE SECRE	71
	Melbourne, FL 32901	P I 9	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	EW Registered Office addre	<u>===</u> . , , , , ,	
NEW Registered Agent:	John R. Kancilia, Attomey	STATE LORID	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1795 West Nasa Boulevard	<u> </u>	7
(MOST ME THORIDA STREET AND RESSE	Melbourne	■,FL <u>32901</u>	<b>-</b> -
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a flember of authorized representative of a member)	eet address of the registered of case of a Florida limited liab d by an affirmative vote of the	office and the busing ility company, it is members of the li	ness mited
Phillip B. Hopkins, III			
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pan familiar with and accept the obligations of my position. So, if this document is being filed to merely reflect confirm that the imited liability company has been notification.  (Signature of Registered Agent)	l agree to act in this capacity, proper and complete performe on as registered agent as prov a change in the registered off red in writing of this change.	I further agree to ance of my duties, c ided for in Chapte ice address, I herei	and I r 608, by

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