

L05000120885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEC 27 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Professional Planning Team, LLC  
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:

Arnaldo Kluczkowski

Name of Person

Professional Planning Team, LLC

Firm/Company

11200 NW 100th Street

Address

Ocala, Florida 34482

City/State and Zip Code

aldo@sbprogram.com

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

For further information concerning this matter, please call:

Arnaldo Kluczkowski	at (	561	) 212-1401
Name of Person	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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Professional Planning Team, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
875 E. Camino Real, 15D  
Boca raton, FL 33432

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
(same as principal address)

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3. Date of filing/registration in Florida 4. Document number

5. (a) Arnaldo Kluczowski

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

875 E. Camino Real, 15D

Boca Raton 33432, FL

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

(same registered agent)

NEW Registered Office Address:

11200 NW 100th Street

Ocala 34482, FL

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 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.

J. M. Skaret  
Signature of a member or authorized representative of a member

Arnaldo Kluczowski

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 605, 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.*

J. M. Skaret  
Signature of Registered Agent

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