## LD1000045797

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pinnacle Investor	ment One LLC mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
PAMELA K. VAN VLEAK Name of Person	
CP5WFL Firm/Company	
5220 Summerlin (	Jammans Blud 176 500
Fort Myels, Ft 339. City/State and Zip Code	07
L-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of Pumble K. Vlu Ylew at (	all:
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	t:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INUS18 (2/14)

## 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: Pinnocle Ir	westment One, LLC
2. (8) 5220 Summer In Commons Blud (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
suite 500	501 te 700
Fort Uyers FC 33907	Fort Myers, FC 33907
	L06000045797
3. Date of filing/registration in Florida 4.	Document number
5. (a) Bolanos Truxton P. A. Registered Agent and Registered Office shown on the records of the Florida	a Dept. of Sinte:
12800 University Dr. Suite Registered Office Address (MUST BE FLURIDA STREET ADDRESS)	350 256 3 7
FORT MUPES FL 330 (6) CASWEL- PAMEIA K. VAN VIECK	907 SS 2
(b) Enter name of NEW Registered Agent and/or NEW Registered Office add	
5220 Simmer In Commons Bl	25 o
Julie 500	
Fort Myers FL 33	907
If the limited liability company is not organized under the laws of the Sthe change or changes are made, the Florida street address of the registragent will be identical. Or, in the case of a Florida limited liability conwas/were authorized by an affirmative vote of the members of the limit the articles of organization or the operating agreement of the limited liability.	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act it provisions of all statutes relative to the proper and complete performation as the obligations of my position as registered agent as provided for in Ch to whereby reflect a change in the registered office address, I hereby connutities in writing of this change.	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept rapter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
Signature of Registered Agent	