

LD6000045798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

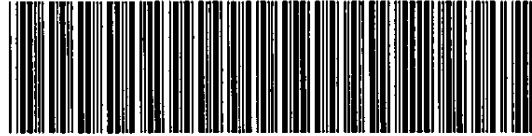
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400285894514

LD6-45798
st mt cng RA/RD

05/23/16--01053--016 **125.00

FILED
16 MAY 23 AM 10:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY 27 2016

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinnacle Investment Two 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:

Pamela K VanVleck
Name of Person

CPSWFL
Firm/Company

5220 Summerlin Commons Blvd
Address
Ste 500

Fort Myers FL 33907
City/State and Zip Code

PvanVleck@CPSWFL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela K VanVleck at (239) 675-3224
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: Pinnacle Investment Two LLC

2. (a) 5220 Summerlin Commons Blvd (b) 5220 Summerlin Commons Blvd

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

ste 500
Ft + Myers FL 33907

ste 500
Ft + Myers FL 33907

3. Date of filing/registration in Florida

4.

Document number

5. (a) Balamos Truxton PA

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

12800 University Dr.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 350
Ft + Myers FL 33907

(b) PAMELA K. VAN VLECK

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

5220 Summerlin Commons Blvd
Suite 500

Ft + Myers FL 33907

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.

[Signature]
Signature of a member or authorized representative of a member

W. Scott Robertson
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

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

FILED
16 MAY 23 AM 10:25
TALLAHASSEE, FLORIDA