406000045802

(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200285894612 LD6-45802 Smtchs RM/RD 05/23/16--01053--016 **125.00

16 MN 23 M 10: 45

MAY 27 2016 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PINNACLE INVESTMENT Five U.C. 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 Van Vleck Name of Person				
CPSUFL Firm/Company				
5220 Summerlin Commons Blud Address Sult 500				
Fert Myers FC 33907 City/State and Zip Code				
DVANUIECK & COSWII. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Pamela K Van Vleck # (239) 675 3224				
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (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.

i. N	Name of the limited liability company: PINACLO NVCS	tment truelle
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	50/te500 SI	DITEGOO.
	FOTH MAYOR FC 33907 FO	+ Myrs FL 33907
3.	Date of filing/registration in Florida 4.	060 00045802 Document number
	Order a travella M	Document number
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. o	f State:
	12800 University Dr. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	· 67
	501te 350	
	Fort Myers FL 33907)
(b)	N YAMEIA K. VAN VLECK	MID: 45
ζ-,	Enter name of NEW Registered Agent and/or NEW Registered Office address:	ORF 4
	15220 Summer In Commons Blvd NEW Registered Office Address:	
	501te 500	
	Fest Myers FL 3390	2
he chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the laws of the State of hange or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability company were authorized by an affirmative vote of the members of the limited liability discussed organization or the operating agreement of the limited liability was the limited liability of a member or authorized representative of a member	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
rovis he ob o mei	reby accept the appointment as registered agent and agree to act in this sions of all statutes relative to the proper and complete performance of bligations of my position as registered agent as provided for in Chapter rely reflect a change in the registered office address, I hereby confirm the first change.	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been

Signature of Registered Agent