

LG6000093556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

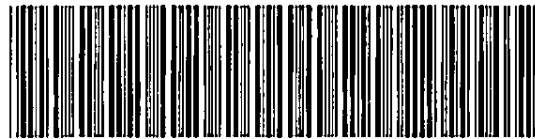
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 APR 12 AM 12:46  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

JG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PalletOne Mezzanine Partners II, 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:

Casey A. Fletcher

\_\_\_\_\_  
Name of Person

PalletOne Mezzanine Partners II, LLC

\_\_\_\_\_  
Firm/Company

6001 Foxtrot Avenue

\_\_\_\_\_  
Address

Bartow, Florida 33830

\_\_\_\_\_  
City/State and Zip Code

c.fletcher@palletone.com

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

For further information concerning this matter, please call:

Casey A. Fletcher

863

496-3054

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

✓ Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: PalletOne Mezzanine Partners II, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

6001 Foxtrot Avenue

Post Office Box 819

Bartow, Florida 38830

Bartow, Florida 33831

September 29, 2006

1.06000093556

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

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CT Corporation System

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

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

Casey A. Fletcher

**NEW** Registered Office Address:

6001 Foxtrot Avenue

Bartow, FL 33830

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TALLAHASSEE, FLORIDA

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.

Casey A. Fletcher, Manager

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 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 of Registered Agent



(Step 3 of 3) Thank you for your payment.

Please print this receipt and keep it for your records.

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Tracking Number : 5104029040CC

Document Number : L06000093556

Payment Amount: \$138.75

DOCUMENT # FOR  
ANNUAL FILING

Receipt Number: 3798048531

Transaction Date: 02/01/2021 10:05 AM

Payment Type:



Account Number: '3008

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(Step 3 of 3) Thank you for your payment.

Please print this receipt and keep it for your records.

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Tracking Number : 5104029040CC

Document Number : L0600093556

Payment Amount: \$138.75

DOCUMENT # FOR  
ANNUAL FILING

Receipt Number: 3798048531

Transaction Date: 02/01/2021 10:05 AM

Payment Type:



Account Number: '3008

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