

LOT 0000 22742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

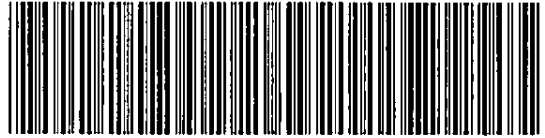
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200431134792

05/12/21--01019--023 \*\*25.00

FILED  
2024 JUN 12 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: PALM COAST LLC

2. (a) PALM COAST LLC (b) \_\_\_\_\_

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

1615 California Street, Suite 707

Denver, CO 80202

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

02/28/2007

1.07000022742

3. Date of filing/registration in Florida

4. Document number

5. (a) James J. Hoctor

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

215 N Eola Drive

Orlando, FL 32801

(b) Jeffrey S. Weiss, Esq

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

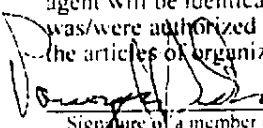
Garganese, Weiss, D'Agresta, & Salzman P.A.

NEW Registered Office Address:

111 N. Orange Avenue, Suite 2000

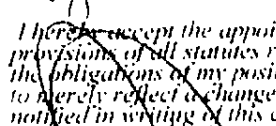
Orlando, FL 32802-2873

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.

 LA AGRESTA  
Signature of a member or authorized representative of a member

Panayes J. Dikeou, Manager

Printed or typed name of signer

 LA AGRESTA  
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

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

2024 JUN 12 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALM COAST 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:

Panayes J. Dikeou

Name of Person

PALM COAST LLC

Firm/Company

1615 California Street, Suite 707

Address

Denver, CO 80202

City/State and Zip Code

mschooner@dikeou.com

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

For further information concerning this matter, please call:

Mary Schooner

at ( 303 ) 825-9192

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

PAID  
2024 JUN 12 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FL