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(Re	equestor's Name)	
(Ad	ldress)	,
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(Cit	ty/State/Zip/Phone	e #)
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J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: PLAZA PT 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:
Robin Lockwood Name of Person
PLAZAPT LLC Firm/Company
18 ALLAMANDA TER
Key West, FL 33040-6203
Robin@LOCKWOOD. NET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RobIN Lockwood at (305) 304-7777
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Clifton Build
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.

1. N	ame of the limited liability company: PLAZA PT LLC
2. (a)	1111 12th ST STE 212 (b) 1111 12th ST 5TE 212
(1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Key West, FL 33040 Key West, FL 33040
2	<u>5-11-2007</u> <u>L07000050823</u>
3.	Date of filing/registration in Florida 4. Document number LOCKWOOD, Robin
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1/11 /2th st. STE 2/2
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Change both Registered Agent LOCKWOOD, Robin Address Address
	Address and
(b)	Enter name of NEW Registered Agent Indoor NEW Registered Office address:
	18 ALLAMANDA TER NEW Registered Office Address:
	Key West , FL 33040-6203 2 2
If the l	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent v	ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Signa	Robin Lockwood Iture of a member or authorized representative of a member Printed or typed name of signee
I here provis the object of the province to the object of the object of the province to the object of the object o	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notifie	d in writing of this change

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

Signature of Registered Agent