## LD7000054847

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEVALLARY OF STATE
SEVALLARY OF FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PRANAQUEST, 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:
NORL ST. PAUL  Name of Person
PRANAQUEST UC Firm/Company
9360 MARINO CIRCLE NO. 108 Address
NAPUES, FLORIDA 34114 City/State and Zip Code
Noristpaul @ aol. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NOR   ST, PAUL at (239) 919-0070
And Code & Baytane Telephone Maniba
STREET/COURIER ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\ \tag{\$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 608.416 or 608.508, 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.

2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  NAPLES, FUNCIA 34(14)  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  S/22/07  3. Date of filing/registration in Florida  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State.  Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:	1. Name of the limited liability company: PRA	VAQUEST LLC
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  (Note: MAY BE POST OFFICE BOX)  3. Date of filing/registration in Florida  4. Document number  Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  Registered Agent:  Registered Office Address:  (A) Registered Office Address:  (B) Registered Office Address:  (B) Registered Office Address:  (C) Registered Office Address:  (B) Registered Office Address:  (C) Registered Office Address:  (C) Registered Office Address:  (C) Registered Office Address:  (C) Registered Office Address:  (D) Registered Office Address:  (	2. (a) Principal office address of limited liability compar	ny: 9360 MARINO CIRCLE #106
(Note: MAY BE POST OFFICE BOX)  9360 MARINO CIRCLE # 106 Naples, Florida: FRULY 5/22/07  3. Date of filing/registration in Florida 4. Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  Registered Agent: Registered Office Address:  NORI ST. PAUL DEPT.  9360 MARINO CIRCLE # 108 Naples Florida 3 YUY  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  9360 MARINO CIRCLE NO. 108	(Note: MUST BE STREET ADDRESS)	NAPLES, FUNCOA 34114
Naples, Flori de Bell (4  5/22/07  3. Date of filing/registration in Florida  4. Document number  Registered Agent and Registered Office shown on the records of the Florida Dent. of State.  Registered Agent:  Registered Office Address:  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Naples Florida Dent. of State.  Norl 57. Paul 37  Norl 57	(b) Mailing address of limited liability company:	
LO700005 4 247 7 3	(Note: MAY BE POST OFFICE BOX)	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dent. of State.  Registered Agent:  Registered Office Address:  NORI ST. PAUL ST.  9360 MARINO LIRCLE # 108  Naples Florida Dent. of State.  NORI ST. PAUL ST.  NAPLES Florida Dent. of State.  NORI ST. PAUL ST.  NAPLES Florida Dent. of State.  NORI ST. PAUL ST.  NAPLES Florida Dent. of State.  NORI ST. PAUL ST.  NORI ST.  NORI ST. PAUL ST.  NORI ST	5/22/07	FS A
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  Registered Office Address:  Registered Office Address:  NORI ST. PAUL SE STATE  9360 MARINO CIRCLE # 108  NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  9360 MARINO CIRCLE NO. 108	3. Date of filing/registration in Florida	(/)
Registered Office Address:  Q 360 MARINO CIRCLE # 108  Naples Floring 3 4(14)  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  9360 MARINO CIRCLE NO. 108	5. (a) Registered Agent and Registered Office shown or	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  9360 MARINO CIRCLE NO. 108	Registered Agent:	NORI ST. PAUL SE
NEW Registered Agent:  NEW Registered Office Address:  9360 MARINO CIRCLE NO. 108	Registered Office Address:	
	NEW Registered Agent:	N/A
(MUST BE FLORIDA STREET ADDRESS) Naples, Florida 34114, FL_	NEW Registered Office Address:	9360 MARINO CIRCLE NO. 108
	(MUST BE FLURIDA STREET ADDRESS)	Naples, Florida 34114
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 on the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the eparating agreement of the limited liability company.	Florida street address of the registered office
NORI ST. PAUL Printed or typed name of signee		<del>_</del>
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 608, 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	I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pi and I am familiar with and accept the obligations of my portain the state of the pi and I am familiar with and accept the obligations of my portain the limited liability compared to the liab	agree to act in this capacity. I further agree to roper and complete performance of my auties, osition as registered agent as provided for in verely reflect a change in the registered office ny has been notified in writing of this change.