

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L07000086465

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407)425-7010  
Fax Number : (407)425-2747

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE**  
**POYNER WAREHOUSE, L.L.C.**

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JUN 12 2024

K. Brumbley

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POYNER WAREHOUSE, L.L.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:

William P. Weatherford

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

Zimmerman, Kiser & Sutcliffe, P.A.

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

315 E. Robinson Street, Suite 600

\_\_\_\_\_  
Address

Orlando, FL 32801

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

registeredagent@zkstraservices.com

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

For further information concerning this matter, please call:

Eileen Soto

at ( 407 ) 435-7010

\_\_\_\_\_  
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: POYNER WAREHOUSE, L.L.C.

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
c/o The Bywater Company  
1209 Edgewater Drive, Ste 100, Orlando, FL 32804

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
c/o The Bywater Company  
1209 Edgewater Drive, Suite 100, Orlando, FL 32804

3. 8/23/2007 Date of filing/registration in Florida

4. L07000086465 Document number

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

WEATHERFORD, WILLIAM P.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1203 Lawton Road, Suite 100

Orlando, FL 3204

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

ZKS REGISTERED AGENT SERVICES, LLC

NEW Registered Office Address:

311 E. Robinson Street, Suite 600

Orlando, FL 32801

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.

[Signature]  
Signature of a member or authorized representative of a member

Joseph D. Doremus

Printed or typed name of signer

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]  
Signature of Registered Agent

William P. Weatherford

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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