7/18/2018

Division of Corporations

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Division of Corporations

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LLC REGISTERED AGENT CHANGE PAT GOOD, LLC

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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.

	ame of the limited liability company: PAT GOOD, LI		
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(n	h) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4101 GULF SHORE BLVD. N PH 5		833 E. MICHIGAN STREET, SUITE 1800
	NAPLES, FL 34103		c/o Peter M. Sommerhauser Milwaukee, WI 53202
	03/24/2008		L08000029705
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of GOOD BAKER, PAT	of the Florid	la Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	59
	4101 GULF SHORE BLVD. N PH 5		SEC SEC
	NAPLES, F	1_34103	FILED T: 51 JUL 18 M T: 51 LLANI: SSEE, FLORIDE
			SSA TO TO
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office ac	ddress:
	0.00		7: 5
	NEW Registered Office Address:		
	1200 South Pine Island Road	<u> </u>	
	Plantation , I	FL_33324	
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the member of a member.	laws of the of the reg liability of s of the line the limited	ne State of Florida, it is hereby confirmed that after gistered office and the business office of the registere company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in
I here provis the ob- to men noting	ehy accept the appointment as registered agent and c sions of all statutes relative to the proper and comple oligations of my position as registered agent as provi- rely reflect a change in the registered office address, ed in writing of this change. Corporation System	ded for in I hereby	nct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and acce in Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
	ure of Registered Agent		

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