## 4080000 98624

(Requestor's Name)  (Address)	200353088222		
(City/State/Zip/Phone #)			
(Business Entity Name)  (Document Number)	10/05/2001018010 ++25.00		
Certified Copies Certificates of Status	2020 OCT -5 AM II: 52 S TAULT 13 S		

Office Use Only

R M. C.

## **COVER LETTER**

TO: Registration Section Division of Corporations					
Parker Manor LLC SUBJECT:					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning the	his matter to the following:				
Dawn D Marks					
Name of Person	<del></del>				
Parker Manor LLC					
Firm/Company					
l 15 Brightwater Dr					
Address	<del></del>				
Clearwater Beach, FL 33767					
City/State and Zip Code					
dmatks115@aol.com					
E-mail address: (to be used for future an	nual report notification)				
For further information concerning this matter	r, please call:				
Dawn D Marks	727 446-6562 at ( )				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee				
Tallallassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following	g 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. Na	ame of the limited liability company:	C		
2. (a)	115 Brightwater Drive	(b) sa	ame as previous	
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (*/_	<del>-</del>	mited liability company: POST OFFICE BOX)
	Clearwater Beach, FL 33767			
	10/20/2008		3000098624	·
3.	Date of filing/registration in Florida	4.	Document numb	per
5. (a)	Irwin J Marks			
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dep	nt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<del></del>	
	Clearwater Beach,	33767		202
(b)	Dawn D Marks  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	<u>\$</u> :	2020 OCT -5 AM11:
	NEW Registered Office Address:		<del></del>	· 55
	115 Brightwater Drive		_ <del></del>	N
	Clearwater Beach, FL_	33767	<u></u>	
change agent v was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	registered of bility compa f the limited	ffice and the business off any, it is hereby confirmed liability company or as d lity company.	fice of the registered ed that the change(s)
Signat	ure of a member or authorized representative of a member	<del>- · · · ·</del> · · ·	Printed or typed na	me of signee
provisie the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ly reflect a change in the registered office address, I have the change of this change.	ee to act in to performance I for in Chap ereby confir	his capacity. I further as of my duties, and I am fo ster 605, F.S. Or, if this om that the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
Signatu	re of Registered Agent			

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