

LOS 000114796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

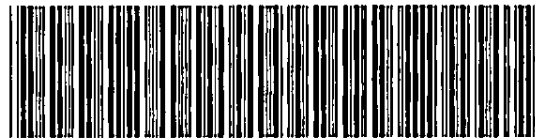
(Business Entity Name)

(Document Number)

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TC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palmetto Commercial Center, 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:

Mitchell Tress

Name of Person

Palmetto Commercial Center, LLC

Firm/Company

6400 SW 106th Street

Address

Pinecrest, FL 33156-4044

City/State and Zip Code

sebecila@att.net

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

For further information concerning this matter, please call:

Mitchell Tress

305

299-5619

at ()

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.

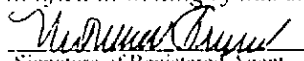
1. Name of the limited liability company: <u>Palmetto Commercial Center, LLC</u>	
2. (a) <u>6400 SW 106th Street</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Pinecrest, FL 33156-4044</u>	(b) <u>6400 SW 106th Street</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Pinecrest, FL 33156-4044</u>
3. <u>December 17, 2008</u> Date of filing/registration in Florida	4. <u>108000114796</u> Document number
5. (a) <u>Kean, Michael I. Esq.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>7111 Fairway Drive Suite 302</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>Palm Beach Gardens, FL 33418</u>	
(b) <u>Mitchell Tress</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>6400 SW 106th Street</u> <u>NEW Registered Office Address:</u> <u>Pinecrest, FL 33156-4044</u>	

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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 of a member or authorized representative of a member	<u>Mitchell Tress</u> _____ Printed or typed name of signer
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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 of Registered Agent