L09000018884

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



800285112538

05/11/16--01018--013 **25.00



MAY 12 2016 J SHIVERS



CSC - WILMINGTON .
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 9, 2016

Order#: 114823/031

Re: PINWHEEL PARTNERS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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	me of the limited liability company:	PINWHEEL PAI	RTNERS	LLC	
2	(a)	5801 Pelican Bay Blvd. 104		(b)	PO Box	x 7189
	(-)	Principal office address of limited lie (Note: MUST BE STREET A		(*)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Naples	FL 34108		Naples, I	FL 34101
		02/24/2009			L0900001	18884
3.		Date of filing/registration in	n Florida	4.		Document number
5.	(a)	NRAI Services, Inc				
٥,	(4)	Registered Agent and Registered Office sho	wn on the records of	he Florida l	Dept. of State	- e:
		1200 South Pine Island Road				
			LORIDA STREET A	(DDRESS)	-	-
						707 t
		Plantation	, FL	33324	· · · · · · · · · · · · · · · · · · ·	TO HAY
	(b)	Corporation Service Company				**************************************
	(5)	Enter name of <u>NEW Registered Agent</u> and	or NEW Registered	Office add	ress:	
		1201 Hays Street				F 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
		NEW Registered Office Address:	, , , , , , , , , , , , , , , , , , ,			
						-
		Tallahassee	, FL	32301		-
the ag wa the	e cha ent v is/we e arti	inge or changes are made, the Florida vill be identical. Or, in the case of a ere authorized by an affirmative vote cles of organization or the operating	street address of Florida limited lia of the members of agreement of the	the regist ability core of the limi limited li	ered office npany, it is ted liability ability con	
_	2iono	ture of a men) ber or authorized representative	of a member	Jill C	ilmi, Autho	Printed or typed name of signee
I pr the to no	herei ovisi e obl mere tified	by accept the appointment as register	red agent and agr per and complete agent as provide office address, I	performa d for in C hereby co	nce of my hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been rby, Asst. Vice President

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