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2010 APR -8 PH 1: 07
SECRETARY OF STATE
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T. CLINE

APR - 9 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT:	CORE PM, LLC
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Stacy Consalvo	
Name of Person	7. 2
Gonano & Harrell	2010 APR -8 SECRETARY ALLAHASSE
Firm/Company	ASS:
1600 S. Federal Highway, Suite	mo - I
Fort Pierce, FL 34950	08
City/State and Zip Code	
TConley@ConleyAssociates. E-mail address: (to be used for future annual report n	biz otification)
For further information concerning this matt	er, please call:
Stacy Consalvo	at (772) 464-1032, ext 1001
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

and and a second the second of a ror taken	
Name of the limited liability company:	CORE PM, LLC
2. (a) Principal office address of limited liability compan	y: 1016 Diamond Head Way
(Note: MUST BE STREET ADDRESS)	Palm Beach Gardens, FL 33418
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1835 E HALLANDALE BCH BLJO # 7: 1016 Diamond Head Way HALLANDALE FL 33009 Palm Beach Gardens, FL 33418
June 2, 2009	L0900060756
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Douglas E. Gonane ≅ ∽ ≅
Registered Office Address:	1600 S. Federal Highway Suite 200 Fort Pierce, FL 34850
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address.
NEW Registered Agent:	Timothy R. Conley
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1016 Diamond Head Way
	Palm Beach Gardens ,FL33418
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company. it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote trying provided in the articles of organization
Douglas E. Gonano	_
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pacchapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63 FILING FEE: \$	

INHS18 (05/08)