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SECRETARY OF STATE

K.SALY EXAMINER

## **COVER LETTER**

Division of Corporations						
SUBJECT: Mrs. Pinkelmeyer, 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:						
Jennifer Kelman Name of Person						
Mrs. Pinkelmeyer, LLC Firm/Company						
102 NE 2nd Street, suite 506 Address						
Boca Raton FL 33432 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Valerie Kelman at (561) 504-1531 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 amount:						
\$25 Filing Fee & Certified Copy						
INHS18 (2/14)						

## 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: Mrs., P	inkelmeye	er, LL		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of li	Imeyer, L mited liability company: POST OFFICE BOX)	<u>LC</u>
	102 NE 2nd street,	102	NE 2nd	dstreet	
	Boca Rotton, FL 33432	Sur Boo	te 500 a Raton	, ,FL 3343	<del>3</del> 2
3.	•	4.		99140	<del></del>
5. (a)	Tennifer Kelman Registered Agent and Registered Office shown on the records of the	e Florida Dept. of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET AL	<del></del> -	. 17 -	. 2	
	5944 Coral Ridge Dri	re, suit	e 163	2016 JUL 21 SEUKETAR FALLAHASS	
	Coral Springs , FL	33076	•	AR E	Control Specials
(b)	Jennifer Kelman Enter name of NEW Registered Agent and/or NEW Registered O	office address:	-	AY OF STATE	
	NEW Registered Office Address:  102 NE 2nd street,	suite 5	06		
	Boca Raton ,FL				
the cha agent w was/we the artic	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he registered office bility company, it i the limited liabilit	e and the busines s hereby confirm y company or as npany.	s office of the regist ed that the change(s otherwise provided	tered
I herel provision the obli to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change	e to act in this cap erformance of my for in Chapter 602 reby confirm that	Printed or typed na acity. I further a duties, and I am 5, F.S. Or, if this the limited liabil		the cept filed n
- Januarum	se or registered rigers				