

1100000 53929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

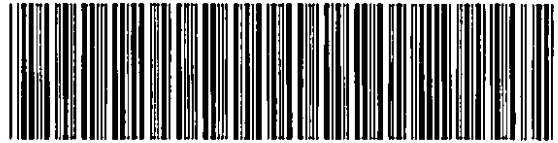
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200350496402

10/17/20 10:11:12 AM

FILED  
2020 AUG 17 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/05/20

**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: Active Intel Investigations LLC

2. (a) 150 East Palmetto Park Rd  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) 150 East Palmetto Park Rd  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

Suite 800

Suite 800

Boca Raton, FL 33432

Boca Raton, FL 33432

05/14/2010

L10000053929

3. Date of filing/registration in Florida

4. Document number

5. (a) PELLIGRINELLI, DAVID

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

150 East Palmetto Park Rd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 800

Boca Raton, FL 33432

(b) R. NATAN PATE, Esq.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3837 NW Boca Raton Blvd.

NEW Registered Office Address:

Suite 200

Boca Raton, FL 33431

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]  
Signature of a member or authorized representative of a member

David Pelligrinelli

Printed or typed name of signee

*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]  
Signature of Registered Agent

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

**FILED**  
2020 AUG 17 PM 1:12  
CLERK OF STATE  
TALLAHASSEE, FL