

U000058970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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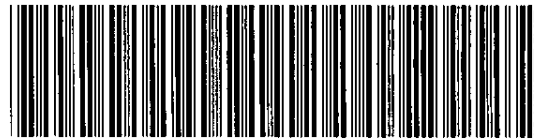
(Business Entity Name)

(Document Number)

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MAR 02 2017

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 529447 98373A

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : March 1, 2017

ORDER TIME : 3:24 PM

ORDER NO. : 529447-015

CUSTOMER NO: 98373A

CHANGE OF AGENT

NAME: P.D.K.N. P-2, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.D.K.N. P-2, 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:

C. Christian Sautter

Name of Person

Seiler, Sautter, Zaden, Rimes & Wahlbrink

Firm/Company

2850 North Andrews Ave.

Address

Wilton Manors, FL 33311

City/State and Zip Code

csautter@seisau.net

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

For further information concerning this matter, please call:

Chris Sautter

at (954) 568-7000

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

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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**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: P.D.K.N. P-2, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1280 S. PINE ISLAND ROAD

Same

PLANTATION, FL 33324

06/02/2010

L10000058970

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:

MULLER, CHARLES EII

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7385 GALLOWAY ROAD, SUITE 200

MIAMI, FL 33173

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

C. CHRISTIAN SAUTTER

NEW Registered Office Address:

2850 NORTH ANDREWS AVE.

WILTON MANORS, FL 33311

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

NOEL CULLEN
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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR - 1 AM 8:53