## ~ L10000103401

(Re	questor's Name)	
(Ad	dress)	<del>_</del>
(Ad	dress)	·
(Cit	y/State/Zip/Phon	e #)
	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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## COVER LETTER

Division of Corporations	
SUBJECT: Meadow Pine L Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
M. Doug Palactt Name of Person	<del></del>
Name of Felson	
Messon Pine, Lic Firm/Company	
2270 Pine Megaw Ave	<u>.</u>
Me bourne, FL 329 City/State and Zip Code	Lou
E-mail address (to be used for future annual report no	Our diffication)
For further information concerning this matte	r, please call:
W. Dava Padaett	at ( 321 ) 723-6938
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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.

1. Name of the limited liability company:	w Pinc, LLC		
2. (a) Principal office address of limited liability company	y: 2270 Pine McApow Aux		
(Note: MUST BE STREET ADDRESS)	Melborne, FL 32904		
(b) Mailing address of limited liability company:	2270 Pine Menson Ave		
(Note: MAY BE POST OFFICE BOX)	Melbane FL 32901		
10/04/2010	L10000103 1 1 1 1		
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:	John J. KABBOORD ?		
Registered Office Address:	1980 N. Atlantic Auc		
	COCOA Beach, FL 32931		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	W. Doug Padgett		
NEW Registered Office Address:	2270 Pine Messaw Ave		
(MUST BE FLORIDA STREET ADDRESS)	Melbarne ,FL 32904		
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 of a member or authorized representative of a member			
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 pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent			

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