## 11100000843

| (Requestor's Name)                      |  |
|-----------------------------------------|--|
| (Address)                               |  |
| (Address)                               |  |
| • (City/State/Zip/Phone #) <sup>✓</sup> |  |
| PICK-UP WAIT MAIL                       |  |
| (Business Entity Name)                  |  |
| (Document Number)                       |  |
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'JAN 1 5 2015 T. CARTER

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                                                                                       |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: Pelko LL C 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:                                                                                                                                                                               |  |  |
| Laurie Mayes Name of Person  Pelko LLC Firm/Company                                                                                                                                                                                                     |  |  |
| 1503 SW 20th Ave                                                                                                                                                                                                                                        |  |  |
| Cape Coral FL 33991 City/State and Zip Code                                                                                                                                                                                                             |  |  |
| E-mail address: (to be used for future annual report notification)                                                                                                                                                                                      |  |  |
| For further information concerning this matter, please call:                                                                                                                                                                                            |  |  |
| Laurie Mayes at (239) 834-8465  Name of Person at (239) 834-8465  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

| riorida.                                                                                                                                                                                                                                                 |                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 1. Name of the limited liability company: Pelko LLC                                                                                                                                                                                                      |                                                                                        |
| 2. (a) 1503 SW 20th Ave (b) 1503                                                                                                                                                                                                                         | SW 20th Ave                                                                            |
| Principal office address of limited liability company:                                                                                                                                                                                                   | failing address of limited liability company:                                          |
| (Note: MUST BE STREET ADDRESS)                                                                                                                                                                                                                           | (Note: MAY BE POST OFFICE BOX)                                                         |
| Cape Corali FL 33991 Cape                                                                                                                                                                                                                                | Corar FL 351"                                                                          |
|                                                                                                                                                                                                                                                          |                                                                                        |
| 1 11                                                                                                                                                                                                                                                     | 100006 843                                                                             |
|                                                                                                                                                                                                                                                          | Document number                                                                        |
| Carlo Oran Have Marroy live                                                                                                                                                                                                                              | Bootiment named                                                                        |
| 5. (a) Corporate Creations Network, Inc.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State                                                                                                                      | ·<br>•                                                                                 |
| 11280 December 1 1 5 245 Pd. # 221                                                                                                                                                                                                                       |                                                                                        |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS)                                                                                                                                                                                               |                                                                                        |
|                                                                                                                                                                                                                                                          |                                                                                        |
| Palm Beach Gardens, FL 33410                                                                                                                                                                                                                             | <b></b> ₹0                                                                             |
| Fair Sarves, FL 33-110                                                                                                                                                                                                                                   | 16 9.<br>VECI                                                                          |
| (b) Laurie Mayes                                                                                                                                                                                                                                         | AHA HA                                                                                 |
| Enter name of NEW Registered Agent and/or NEW Registered Office address:                                                                                                                                                                                 | ARY<br>ARY                                                                             |
| 15-2 al 20th A.                                                                                                                                                                                                                                          |                                                                                        |
| NEW Registered Office Address:                                                                                                                                                                                                                           | STA<br>2: 3                                                                            |
| Caro Coval Fl                                                                                                                                                                                                                                            | 6 IDA                                                                                  |
| corpe cora,                                                                                                                                                                                                                                              |                                                                                        |
| Cape Coral , FL 33991                                                                                                                                                                                                                                    |                                                                                        |
| If the limited liability company is not organized under the laws of the State of Flo                                                                                                                                                                     | orida, it is hereby confirmed that after                                               |
| the change or changes are made, the Florida street address of the registered office 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 the articles of organization or/the operating agreement of the limited liability com-                                                                                 | company or as otherwise provided in                                                    |
| Lassin Marson 1 al                                                                                                                                                                                                                                       | Ivia Mayes, MANK                                                                       |
| 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 agree to act in this cape provisions of all statutes relative to the proper and complete performance of my                                                                                       | acity. I further agree to comply with the<br>luties, and I am familiar with and accept |
| provisions of all statutes relative to the proper and complete performance of my of the obligations of my position as registered agent as provided for in Chapter 605 to merely reflect a change in the registered office address, I hereby confirm that | , F.S. Or, if this document is being filed the limited liability company has been      |
| notified in writing of this charge.                                                                                                                                                                                                                      |                                                                                        |
| Signature of Registered Agent                                                                                                                                                                                                                            |                                                                                        |

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