## 11000018482

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T. HAMPTON

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: HR PINNACLE LLC  Name of Limited Liability Company			
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:			
CATALINA REYES  Name of Person			
Name of Person /			
HR PINNACLE LLC Firm/Company			
6315 415T CT FAST Address			
SARASOTA FLORIDA 34243 City/State and Zip Code			
<u>reyestrainnacle a Vmail · Co</u> M  Ejmail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
, ·			
CATALINA REYES at (	941 462-1374		
CATALINA REYES at (	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following 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: HR PIN	NACLE LLC
2. (a) Principal office address of limited liability company	: 6315 4IST CT EAST
(Note: MUST BE STREET ADDRESS)	SARASOTA FL 34243
(b) Mailing address of limited liability company:	SAME AS ABOVE
(Note: MAY BE POST OFFICE BOX)	
· · · · · · · · · · · · · · · · · · ·	<u>L11000018482</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMP
Registered Office Address:	1201 HAVS ST. TALLAHASSEE Fl. 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	W Registered Office address:  CATALINA REYES  6315 41ST COURT EAST  SARASOTA FL 34243
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  CATALINA REVES  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 product of the provisions of all statutes relative to the product of the provisions of the complete to the provisions of the	laws of the State of Florida, it is hereby dorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization was provided in the articles of organization of the provided in the articles of the provided in the provided in the provided in the articles of the provided in

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