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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Doc	ument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer:				
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SECRETARY OF STATE
TALLAHASSIFT FLORID

Office Use Only

A HARRIS

## **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJI	ECT: PALM B, LLC					
	Name	Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	ce Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the	following:			
AMY	GUNSAULLUS					
	Name of Person		_			
PALN	MB, LLC					
	Firm/Company		_			
101 F	PLAZA REAL SOUTH SUITE 205-9	S				
	Address					
вос	A RATON, FL 33432					
	City/State and Zip Code					
AMY	G@BESTAGENCY.COM					
E	E-mail address: (to be used for future annu	al report noti	fication)			
For fu	rther information concerning this matter,	please call:				
AMY	GUNSAULLUS	561 _ at (	314-3942			
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 allahassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHS1	8 (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 Florida.

1. Na	ume of the limited liability company: PALM B, LLC	C				
2. (a)		(b)				
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	` ` `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  101 PLAZA REAL SOUTH SUITE 205-S			
	101 PLAZA REAL SOUTH SUITE 205-S					
	BOCA RATON, FL 33432	<del></del>	BOCA R	ATON, FL 3	33432	
	06/08/2011	I	_1100006	§7030		
3.	Date of filing/registration in Florida	<del></del> 4		Document nui	mber	
5. (a)	AMY GUNSAULLUS					
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	: ::		
	Registered Office Address (MUST BE FLORIDA STREET  2424 N FEDERAL HWY SUITE 210	ADDRESS)				
	BOCA RATON , FI	L_33431			SEI TAL	
(b)	AMY GUNSAULLUS				SEP -6   CAHASSE	M (2, 2)
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	•		
	NEW Registered Office Address:				STAT STAT FLORE	. (
	101 PLAZA REAL SOUTH SUITE 205-S				50m <b>o</b>	⊅ on on
	BOCA RATON .F	<sub>L</sub> 33432				
the cha agent v was/we	imited liability company is not organized under the latinge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the of the regis liability corof the limited li	tered office mpany, it is ted liability	e and the busin s hereby confir y company or a pany.	ess office of med that the	the registered change(s)
Signa	ture of a member or authorized representative of a member			Printed or typed	name of signee	
provisi the obi to mer notifie	by accept the appointment as registered agent and ag ions of all statules relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, l d in writing of this change.	gree to act e performa led for in C I hereby co	in this cape ince of my c hapter 605 nfirm that i	acity. I further duties, and I a , F.S. Or, if th the limited liab	r agree to con m familiar wi nis document bility compan	nply with the th and accept is being filed y has been
	my Sumaulus					
Signatu	re of Registered Agent					