

LI1 000085863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

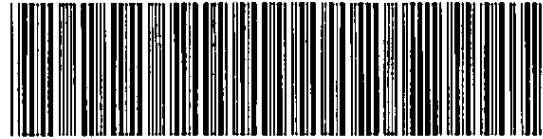
(Business Entity Name)

(Document Number)

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C. BRUMBLE  
NOV 23 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLR Holdings 100, 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:

Guy Whitesman

\_\_\_\_\_  
Name of Person

Henderson, Franklin, Starnes & Holt PA

\_\_\_\_\_  
Firm/Company

1715 Monroe Street

\_\_\_\_\_  
Address

Fort Myers FL 33901

\_\_\_\_\_  
City/State and Zip Code

HFRA@henlaw.com

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

For further information concerning this matter, please call:

Guy Whitesman

239

344-1148

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 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: PLR Holdings 100, LLC

2. (a) <u>12800 University Drive</u> Principal office address of limited liability company: <i>(Note: <b>MUST BE STREET ADDRESS</b>)</i> <u>Suite 275</u> <u>Fort Myers FL 33907</u>	(b) <u>12800 University Drive</u> Mailing address of limited liability company: <i>(Note: <b>MAY BE POST OFFICE BOX</b>)</i> <u>Suite 275</u> <u>Fort Myers FL 33907</u>
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3. <u>07/26/2011</u> Date of filing/registration in Florida	4. <u>L11000085863</u> Document number
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5. (a) Howard Baum  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

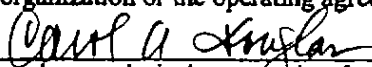
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
12800 University Drive Suite 275  
Fort Myers, FL 33907

(b) HF Registered Agents LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

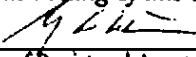
NEW Registered Office Address:  
1715 Monroe Street  
Fort Myers, FL 33901

FILED  
2021 NOV -5 PM 12:03  
TALLAHASSEE, FL  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

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.

<u></u> Signature of a member or authorized representative of a member	<u>CAROL A DOUGLAS</u> Printed or typed name of signer
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*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 of Registered Agent  
Guy E. Johnson VP

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