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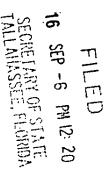
(Requestor's Name)					
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09/06/16--01032--025 **25.00



COVER LETTER .

TO: Registration Section Division of Corporations			
SUBJECT: PALM N, LLC			
	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 m	natter to the following:		
AMY GUNSAULLUS			
Name of Person			
PALM N, LLC			
Firm/Company			
101 PLAZA REAL SOUTH SUITE 205-S			
Address			
BOCA RATON, FL 33432		7 S 6	
City/State and Zip Code		SECULA	
AMYG@BESTAGENCY.COM		まった	
E-mail address: (to be used for future annual	report notification)	P-6 PH	
For further information concerning this matter, ple	ease call:	ARY OF STA	
AMY GUNSAULLUS	561 314-3942	(E) 70 (E	
Name of Person	Area Code & Daytime Telepho	ne 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 an	nount:		
☑ \$25 Filing Fee	☐ \$55 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 Florida.

10/144		_		
I. Na	me of the limited liability company: PALM N, LL	.C ——		
2. (a)			(b)	
(u) .	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 PLA	AZA REAL SOUTH SUITE 205-S
	BOCA RATON, FL 33432		BOCA F	RATON, FL 33432
	09/08/2011		L110001	02970
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	AMY GUNSAULLUS			
). (u)	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept. of Stat	- e:
				_
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	:22)	
	2424 N FEDERAL HWY SUITE 210			_
	BOCA RATON	_L 3343	31	
				SEC SEC
(b)	AMY GUNSAULLUS			全部 等 五
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office	address:	-6 F
				[7] Laws
	NEW Registered Office Address:			D PR 12
	101 PLAZA REAL SOUTH SUITE 205-S			70 RHD/
	BOCA RATON	_L 3343	32	_
Ifaba I:				orida it is haraby confirmed that after
the cha	mited liability company is not organized under the nge or changes are made, the Florida street address	of the re	gistered offic	e and the business office of the registered
agent w was/we	vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members	liability s of the l	company, it i imited liabilit	s hereby confirmed that the change(s) y company or as otherwise provided in
the arti	cles of organization or the operating agreement of the	ne limite	d liability cor	npany.
Zi	n Tel	<u>L</u>	ISA LEDEF	
•	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as provicely reflect a change in the registered office address, in writing of this change.	gree to d te perfor ded for it I hereby	act in this cap rmance of my n Chapter 60, v confirm that	vacity. I further agree to comply with the duties, and I am familiar with and accep. 5, F.S. Or, if this document is being filed the limited liability company has been
Signatur	my Shwaddler rest Registered Agent			
JUNIOLUI	rwjer registetet (1801tt			