## CH000135636

| (Re                                     | questor's Name) | <del></del> |  |  |
|---|-----------------|-------------|--|--|
| (Address)                               |                 |             |  |  |
| (Address)                               |                 |             |  |  |
| (City/State/Zip/Phone #)                |                 |             |  |  |
| PICK-UP                                 |                 | MAIL        |  |  |
| (Business Entity Name)                  |                 |             |  |  |
| (Document Number)                       |                 |             |  |  |
| Certified Copies                        | _ Certificate   | s of Status |  |  |
| Special Instructions to Filing Officer: |                 |             |  |  |
|   |                 |             |  |  |
|   |                 |             |  |  |
|   |                 |             |  |  |
|   |                 |             |  |  |

Office Use Only



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## **COVER LETTER**

| FO: Registration Section Division of Corporations          |   |  |
|--|---|--|
| SUBJECT: Palori Homes, LLC                                 |   |  |
| Na   | ame of Limited Liability Company                  |  |
| Dear Sir or Madam:   |   |  |
| The enclosed Registered Agent/Registered O                 | ffice Change and fee(s) are submitted for filing. |  |
| Please return all correspondence concerning                | this matter to the following:                     |  |
| Melissa McLamore   |   |  |
| Name of Person   |   |  |
| Palori Homes, LLC  |   |  |
| Firm/Company   | <del></del>                                       |  |
| 238 E. Davis Blvd., Ste. 200                               |   |  |
| Address  |   |  |
| Tampa, FL 33606  |   |  |
| City/State and Zip Code                                    |   |  |
| melissa@palori.com   |   |  |
| E-mail address: (to be used for future an                  | nnual report notification)                        |  |
| For further information concerning this matter             | r, please call:                                   |  |
| Melissa McLamore   | at () 253-5353                                    |  |
| Name of Person   | 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<br>Tallahassee, Florida 32301 | Tallahassee, Florida 32314                        |  |
| Enclosed is a check for the following                      | g amount:   |  |
| ■ \$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.

| . Na                       | me of the limited liability company:   | es, LLC  |  |  |  |
|----------------------------|--|--|--|--|--|
| . (a)                      | 238 E. Davis Blvd., Ste. 200   | (h) 2:   | (b) 238 E. Davis Blvd., Ste. 200  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |  |
| (a)                        | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (0)  |  |  |  |
|                            | Tampa, FL 33606  | <u></u>  | ampa, FL 33606   |  |  |
|                            | 11/03/2011   | <br>L1   | 1000125636   |  |  |
| 3.                         | Date of filing/registration in Florida   | 4.   | Document number  |  |  |
| 5. (a)                     | Robbins, Jr., R. James   |  |  |  |  |
| '. (a)                     | Registered Agent and Registered Office shown on the records  | of the Florida Dep   | ot. of State:  |  |  |
|                            | Registered Office Address (MUST BE FLORIDA STREE   | T ADDRESS)   |  |  |  |
|                            | 101 E Kennedy Blvd., Suite 3700  |  |  |  |  |
|                            | Tampa  | <sub>FL</sub> 33606  | FALL<br>TALL   |  |  |
| (b)                        | Melissa P. McLamore  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>  | red Office addres  |  |  |  |
|                            | NEW Registered Office Address:   |  | FLORID   |  |  |
|                            | 238 E. Davis Blvd., Suite 200  |  | <u>→</u>   |  |  |
|                            | Tampa  | FL 33606   |  |  |  |
| the changent was/withe art | imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization of the operating agreement of the street are the companies. | of the register<br>l liability comp<br>is of the limited<br>the limited liab | ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.  Sa McLamore                                    |  |  |
|                            | ture of a member or authorized representative of a member  |  | Printed or typed name of signee  |  |  |
| provis<br>the ob<br>to mer | by accept the appointment as registered agent and a jons of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address, d in writing of this change.   | agree to act in<br>ete performanc<br>ided for in Cha<br>I hereby confi       | this capacity. I further agree to comply with the<br>se of my duties, and I am familiar with and accept<br>spter 605, F.S. Or, if this document is being filed<br>firm that the limited liability company has been |  |  |