## L12000081679

(Requestor's Name)					
(Address)					
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/State/Zip/Phon	e #)				
☐ WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certificate	s of Status				
Special Instructions to Filing Officer:					
	ress)  /State/Zip/Phon  WAIT  iness Entity Naturent Number)				

Office Use Only



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D. SCOTT DEC 1 4 2016

## **COVER LETTER**

TO: Registration Section

Division of Corporations				
PALM BANANA, LLC				
SUBJECT: Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	ce Change and i	fee(s) are submitted for filing		
Please return all correspondence concerning thi	s matter to the f	ollowing:		
Donna Bertucci				
Name of Person				
Corporate Direct, Inc				
Firm/Company		_		
2248 Meridian Blvd. Suite H				
Address			TAS 6	
Minden, NV,89423	en e	ger Silling Piro & Caradiled Co	A FR T	
City/State and Zip Code	KA E WHERE THE	<del></del>	調に下	
info@corporatedirect.com	ŕ		DEC 13 PH 3-1 CRETARY OF STAT LANASSEE, FLORI	
E-mail address: (to be used for future ann	ual report notifi	cation)	FLOOT STA	
For further information concerning this matter,	please call:		最高ニ	
Donna Bertucci	775	<b>782-2201</b>		
Name of Person	at (	Area Code & Daytime Tele	phone 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	; amount:			
	□ \$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.

1. N	Iame of the limited liability company: PALM BANA	NA, LLC	
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	60 EAST SIMPSON AVE, BOX 2869		60 EAST SIMPSON AVE, BOX 2869
	JACKSON, WY 83001		JACKSON, WY 83001
	06/20/2012	L	.12000081679
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
J. (a	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	Gerri Detweiler		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<del></del> _
	1037 Greystone Lane		
	Sarasota , FL	34232	
			ALL
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	·ess:
	REGISTERED AGENTS INC.		PEC 13 PM 3:
	NEW Registered Office Address:		ω w
	3030 N. Rocky Point Drive, STE 150A		
	Tampa , FL	33607	
sign the a Sign the a Sign the open to me	e limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of the verticles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide every reflect a change in the registered office address, I lied in writing of this change.  Bill Hayre/Assistant Second	ws of the s f the regist ability cor of the limi c limited li ree to act a performa ad for in C hereby co	rered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.  Printed or typed name of signee  in this capacity. I further agree to comply with the