L12000103883

	 1
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	i 			
Pisgah Pike LLC				
N	ame of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered G	office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Cynthia Croom				
Name of Person				
Butler Enterprises				
Firm/Company				
3217 SW 35th Blvd				
Address	}			
Gainesville Fl 32608				
City/State and Zip Code				
corporate@butlerenterprises.com				
E-mail address: (to be used for future a	nnual report notification)			
For further information concerning this matt	er, please call:			
Cynthia Croom	352 372-3581 X 317			
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the followi	ng amount:			
INHS18 (2/14) Prepried	\$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.

L. No	me of the limited liability company:	Pisgah Pike LI	LC		
2. (a)	Pisgah Pike LLC		(b)	Pisgah I	Pike LLC
2. (u)	Principal office address of limited lie (Note: MUST BE STREET)		_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	3217 SW 35th Blvd	<u>'</u>	_	3217 SV	V 35th Blvd
	Gainesville FL 32608		_	Gainesv	ille FL 32608
	08/13/2012		1	_1200010)3883
3.5. (a)	Date of filing/registration in Presnick, Cory	Florida	4.		Document number
(-)	Registered Agent and Registered Office sho	th on the records of the	he Florida	Dept. of State	· #
	Registered Office Address (MUST BE F	TORIDA STREET A	DDRESS)		20
	Gainesville	, FL	32608		11 SER
(b)	Deborah J. Butler	- -			
	Enter name of <u>NEW Registered Agent</u> and/	of <u>NEW Registered (</u>	Office add	ress:	2011 SEP - 7 PH 12: 09
	NEW Registered Office Address:	<u> </u>			
	3217 SW 35th Blvd				
	Gainesville	, FL	32608		_
the cha agent v was/we	inge or changes are made, the Florida will be identical. Or, in the case of a	street address of the street address of the final of the members of	the regist bility cou f the limi	ered office npany, it is ted liabilit	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
	1 phones Butto		Deb	orah J. B	
I here, provisi the obl to mero notified	ture of a member or authorized representative by accept the appointment as register ons of all statutes relative to the projections of my position as registered ely reflect a change in the registered in writing of this change.	 ced avent and avre	ee to act performa I for in C ereby co	in this cap nce of my hapter 605 nfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been

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



FLORIDA DEPARTMENT OF STATE | Division of Corporations

August 7, 2017

BUTLER ENTERPRISES CYNTHIA CROOM 3217 SW 35TH BLVD. GAINESVILLE, FL 32608

SUBJECT: PISGAH PIKE, LLC Ref. Number: L12000103883

We have received your document for PISGAH PIKE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 017A00015989

www.sunbiz.org