113000011578

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(Address)				
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COVER LETTER

TO: Registration Section Division of Corporation	ns				
SUBJECT: 100	DO PEMBROKE CENTER				
	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	e concerning this matter to the following:				
FNEDOY					
Name	of Person				
1000 PEM	OMPANY LIC				
3167 INVE	RNESS				
Addr	ess				
WESTON 1	FL 33332				
City/State	and Zip Code				
FFADEC	C MG. COM				
E-mail address: (to be use	d for future annual report notification)				
For further information concerning this matter, please call:					
FNEDOY FADEL at 786, 2082011					
Name of Person	n Area Code & Daytime Telephone Number				
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	Registration Section Division of Corporations P.O. Box 6327 Circle Tallahassee, Florida 32314				
Enclosed is a check for the following 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.

r IOI IUU	.		/. -			
1. Na	me of the limited liability company:	PEMBR	OKE CENT	E16		
2. (a)	(b)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited lial (Note: MAY BE POST OF			
	3/67 INVERNESS		3/67 INN	FRNESS		
	WESTON FL 33332		WESTON FL	33332		
	01/15/2014		L130000	11578		
3.	Date of filing/registration in Florida	4.	Document number			
.	FIREDOY FADE	p ur				
5. (a)	Registered Agent and Registered Office shown on the records of the					
	MEDICO Agair and Medianon Office shows on the records of the	. A Ration Dept. Of Sa				
			_			
	Registered Office Address (MUST BE FLORIDA STREET AD	<u>DKESS)</u>	nun 4707			
	1870 N. CORPORATE	: LAKES	- (200 H 20)			
	WESTON, FL	33326		<u>.</u>		
(b)	FIREOUT FADEC					
(-)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:	_	10 937		
				أنين وأبنا		
				P ****		
	NEW Registered Office Address:			<i>₩</i> ∰		
	3/67 INVERNES	S		5		
			-			
	WESTON	33333	2_			
	,FL_					
If the li	imited liability company is not organized under the laws	of the State of F	lorida, it is hereby confir	med that after		
the cha	nge or changes are made, the Florida street address of the	ne registered offi	ce and the business office	e of the registered		
agent w	vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of	ility company, it the limited lighil	is hereby confirmed that	the change(s)		
the arti	cles of organization or the operating agreement of the li	mited liability co	ompany.			
			FREODY F.	10EC		
Signat	ture of a member or authorized representative of a member		Printed or typed name of si	gnee		
provisi the obl to mere	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	e to act in this ca erformance of m for in Chapter G reby confirm tha	pacity. I further agree to y duties, and I am jamilia)5, F.S. Or, if this docum at the limited liability com	o comply with the or with and accep eent is being filed upany has been		
Signatu	re of Registered Agent					

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