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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.	Na	ame of the limited liability company: Penmark St	one, LLC	<u> </u>	
	(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(7)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
		28 Camelot Ridge Drive		23 Cam	elot Ridge Drive
		Brandon, FL. 33511		Brandon	n, FL. 33511
		04/11/2013		L130000	53587
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
*'	(-)	Registered Agent and Registered Office shown on the records of	f the Florid	Dept. of State	- C1
		Natalle C. Annis			
		Registered Office Address IMUST BR FLORIDA STREET	TADDRES!	<u> </u>	•
		201 North Franklin Street, Suite 2000			
		Tampa .F	L 33602		
	<i>a</i> .				8
	(b)			dress:	
					
		James W. Goodwin			
		NEW Registered Office Address:			
		201 North Franklin Street, Suite 2000	<u></u>	Şt.	. 19
		Tampa _{. F}	_L 33602		·
the age was the S I h prothe to not	cha ent w s/we arti ignati ignati obli nere ifled	imited liability company is not organized under the lange 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 members cles of organization or the operating agreement of the true of a member authorized representative of a member by accept the appointment as registered agent and an ons of all statutes relative to the proper and completing attentions of my position as registered agent as providing in the registered office address, and in writing of this change.	of the regi liability co of the lim te limited l	stered office ompany, it is sited liability liability con nes W. Go	a and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. DOCIMIN Printed or typed name of signee

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

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