

LL300054328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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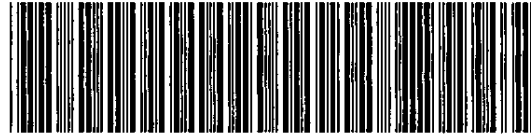
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAR 07 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLANNED GIVING INNOVATIONS, LLC  
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 concerning this matter to the following:

GARY F. SNERSON  
Name of Person

PLANNED GIVING INNOVATIONS, LLC  
Firm/Company

6000 ISLAND BLVD. SUITE 702  
Address

AVENTURA, FL 33160  
City/State and Zip Code

GARY@PGINNOVATIONSLLC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY F. SNERSON at (305) 466-1029  
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 following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: PLANNED GIVING INNOVATIONS, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

6000 ISLAND BLVD, SUITE 702 6000 ISLAND BLVD SUITE 702  
AVENTURA, FL 33160 AVENTURA, FL 33160

3. APRIL 12, 2013 4. 113000054328  
 Date of filing/registration in Florida Document number

5. (a) CORPORATION COMPANY OF MIAMI  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

201 SOUTH BISCAYNE BLVD SUITE 1500  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33131

(b) CORPORATION COMPANY OF MIAMI  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

200 SOUTH BISCAYNE BLVD SUITE 4100 (GL)  
**NEW Registered Office Address:**

MIAMI, FL 33131

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] GARY F. SNERSON  
 Signature of a member or authorized representative of a member Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  
 CORPORATION COMPANY OF MIAMI

By: [Signature] Gary J. Cohen, Vice President  
 Signature of registered agent