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(Business Entity Name)	
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	ision of Corporations				
SUBJECT:	Pinnacle Client Servicing LL	_C			
SOBJECT.	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.		
Please returr	n all correspondence concerning th	is matter to the f	following:		
John Butle	er				
	Name of Person				
Pinnacle (Client Servicing				
	Firm/Company				
20283 Sta	te Road 7 Suite 400				
	Address		_		
Boca Rato	on, FL 33498				
	City/State and Zip Code	, ,	_		
E-mail	address: (to be used for future ann	nual report notifi	cation)		
For further i	nformation concerning this matter	, please call:			
John Butle	er	561 at (404-5150		
	Name of Person		Area Code & Daytime Telephone Number		
STR	REET/COURIER ADDRESS:	MA	AILING ADDRESS:		
	istration Section		gistration Section		
	ision of Corporations		vision of Corporations		
	ton Building		D. Box 6327		
	1 Executive Center Circle ahassee, Florida 32301	lai	lahassee, Florida 32314		
Enc	losed is a check for the following	; amount:			
₩ \$	25 Filing Fee	□ \$5	5 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.

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	npany is not organized under made, the Florida street address, in the case of a Florida ling affirmative vote of the me	