| (Requestor's Name) | | | | | | | | |
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| (Address) | | | | | | | | |
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| (Address) | | | | | | | | |
| | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| | | | | | | | | |
| (Document Number) | | | | | | | | |
| | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
| eposiar mendedono te i ming emicor. | | | | | | | | |
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Office Use Only



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LCRO Charge

COVER LETTER

INHS18 (2/14)

| TO: | Registration Section Division of Corporations | | | | | | | | | | |
|--------|--|--|---------------|--|--|--|--|--|--|--|--|
| SUBJ | SUBJECT: 5188 PINE ABBY LLC Name of Limited Liability Company | | | | | | | | | | |
| | Nan | e of Emilied Liability Company | | | | | | | | | |
| Dear S | Sir or Madam: | | | | | | | | | | |
| The er | nclosed Registered Agent/Registered Off | ce Change and fee(s) are submitted for filir | ıg. | | | | | | | | |
| Please | return all correspondence concerning th | s matter to the following: | | | | | | | | | |
| LUCI | RECIA G JIMENEZ | | | | | | | | | | |
| | Name of Person | | | | | | | | | | |
| | | | | | | | | | | | |
| | Firm/Company | | | | | | | | | | |
| 3120 | TUSCANY WAY | | | | | | | | | | |
| | Address | | | | | | | | | | |
| BOY | NTON BEACH FL 33435 | | | | | | | | | | |
| | City/State and Zip Code | | | | | | | | | | |
| LUPI | TAJR62@HOTMAIL.COM | | | | | | | | | | |
| F | E-mail address: (to be used for future ann | ual report notification) | | | | | | | | | |
| For fu | rther information concerning this matter, | please call: | | | | | | | | | |
| LUCF | RECIA G JIMENEZ | 561 7277502 | | | | | | | | | |
| | Name of Person | Area Code & Daytime Tel | ephone Number | | | | | | | | |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | | | | | | | |
| | Registration Section | Registration Section | | | | | | | | | |
| | Division of Corporations | Division of Corporations | | | | | | | | | |
| | Clifton Building | P.O. Box 6327 | | | | | | | | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | | | | | | | | | |
| | Enclosed is a check for the following amount: | | | | | | | | | | |
| | □ \$25 Filing Fee | ■ \$55 Filing Fee & Certified Co | ру | | | | | | | | |

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: 5188 PINE A | BBY | LLC | > | | | |
|------------------------|---------------------------------|---|--|---------------------------------------|--|--|--|---|
| 2 | (a) | 5188 PINE ABBY DR | | (b) | 3120 T | USCANY WAY | | |
| | (=) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0) | | Mailing address of limited liab | • | • • |
| | | WEST PALM BEACH FL | | | BOYNT | ON BEACH FL | | |
| | | 33415 | | | 33435 | | | |
| | | 9/5/2013 | | L | .130001 | 25967 | | |
| 3. | | Date of filing/registration in Florida | _ 4. | | | Document number | • | |
| 5. | (a) | JIMENEZ LUCRECIA G | | | | | | |
| ٥. | (4) | Registered Agent and Registered Office shown on the records of | the Flor | rida I | Dept. of Stat | - te: | | |
| | | Registered Office Address (MUST BE FLORIDA STREET) | ADDRE | <u>(SS)</u> | | _ | | Ţ.s |
| | | 5188 PINE ABBY DR | | | | _ | S 4 | L CC |
| | | WEST PALM BEACH , FL | 3341 | 33415 | | _ | SEP 24 | AHAX AHAX |
| | (b) | 3120 TUSCANY WAY | | | | | Hd h | RY O |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | _ | £ | F ST/ FLOI | |
| | | | | | | | 0 | REA |
| | | NEW Registered Office Address: | | | | | | |
| | | BOYNTON BEACH FL .FL | 3343 | 35 , | | _ | | |
| the age | cha ent v s/we | imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | ws of the reability of the limite | he S giste con imit d lia | ered officenpany, it in the deciration in the de | e and the business office is hereby confirmed that try company or as otherwi- | of the i | registered |
| - 5 | ignat | ture of a member or authorized representative of a member | | | | Printed or typed name of sign | nee | |
| pre the to no | ovisi obli mere tified | by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is in writing of this change. | ree to a perfor d for it hereby | act i mai n Ch con | n this cap nce of my napter 603 nfirm that | acity. I further agree to duties, and I am familiar 5, F.S. Or, if this docume the limited liability comp | comply with a ent is be eany ha | with the nd accept eing filed s been |