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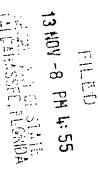
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer.				

Office Use Only



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K. SALY EXAMINER NOV 1 2 2013 Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I enclose Duplicates of the Statement of Change of Registered Office or Registered Agent or Both For Limited liability Company for **Peninsula Partners LLC**, a domestic LLC.

Please file the attached Statement and return Proof of Filing and the requested Certified Copy to the below address.

Payment for the required fees is enclosed (\$55.00 to Department of State).

If you have any questions or concerns, do not hesitate to contact me.

Sincerely,

Chris Mershon

187 E. Warm Springs Road, Suite B

Las Vegas, NV 89119 Phone: 702-362-2677 Fax: 702-825-2581

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Peninsula Partners 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 m	atter to the following:				
Chris Mershon (Name of Person)					
(Firm/Company)					
187 E. Warm Springs Road, Suite B (Address)					
Las Vegas, NV 89119					
(City/State and Zip Code)					
For further information concerning this matter, ple	ease call:				
Chris Mershon at (_	702) 362-2677				
(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				

INH\$18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. N	ar	ne of the limited liability company: Peninsula Pa	artners LLC	÷	
2. (a	(a) Principal office address of limited liability company: 1037 Big Oaks Blvd. (Note: MUST BE STREET ADDRESS) Oviedo, FL 32765		: 1037 Big Oaks Blvd. Oviedo, FL 32765	<u></u>	
(ł	b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1037 Big Oaks Blvd. Oviedo, FL 32765	ू 🗟	
10/0	a <i>i</i>	2013	L13000142955	k: 55	
			4. Document number		
5. ((a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Agent:	Roger L. Russell		
		Registered Office Address:	1037 Big Oaks Blvd. Oviedo, FL 32765	Ø	
(1	b)	Enter name of NEW Registered Agent and/or NEW	W Registered Office address:		
		NEW Registered Agent:	InCorp Services, Inc.	0	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North		
			Loxahatchee,FL_33470		
that office here liab	af ce by ilii	limited liability company is not organized under the ter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	t address of the registered office and the business ase of a Florida limited liability company, it is	S	
(Sign	atu	are of a member or authorized representative of a member)	_		
		Mershon, Authorized Representative	_		
I he com am ; F.S. con	ere ipl fai fir	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pr miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a m that the limited liability company has been notified	igree to act in this capacity. I further agree to oper and complete performance of my duties, and as registered agent as provided for in Chapter 6 change in the registered office address, I hereby d in writing of this change.	d I 508,	
_	2	Assistant Secretary			

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