

L13000170602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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K. SALY

MAR -2 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 529447 98373A  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : March 1, 2017  
ORDER TIME : 3:31 PM  
ORDER NO. : 529447-050  
CUSTOMER NO: 98373A

CHANGE OF AGENT

NAME: P.D.K.N. P-5 OP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** P.D.K.N. P-5 OP., 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:

C. Christian Sautter

\_\_\_\_\_  
Name of Person

Seiler, Sautter, Zaden, Rimes & Wahlbrink

\_\_\_\_\_  
Firm/Company

2850 North Andrews Ave.

\_\_\_\_\_  
Address

Wilton Manors, FL 33311

\_\_\_\_\_  
City/State and Zip Code

csautter@seisau.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Sautter

\_\_\_\_\_  
Name of Person

at ( 954 )

568-7000

\_\_\_\_\_  
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

**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: P.D.K.N. P-5 OP., LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1280 S. PINE ISLAND ROAD

PLANTATION, FL 33324

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Same

12/10/2013

L13000170602

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

MULLER, CHARLES EII

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7385 GALLOWAY ROAD, SUITE 200

MIAMI, FL 33173

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

C. CHRISTIAN SAUTTER

NEW Registered Office Address:

2850 NORTH ANDREWS AVE.

WILTON MANORS, FL 33311

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]  
Signature of a member or authorized representative of a member

NOEL COLLEN  
Printed or typed name of signee

*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.*

[Signature]  
Signature of Registered Agent

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

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