## L14000047025

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RARACHS

## **COVER LETTER**

• TO: Registration Section Division of Corporations				
SUBJECT: Pine Island Property Mant 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:				
CArolyn Criswell Name of Person				
Pine Island Pacasta Mgs.T. Firm/Company				
3082 Brazzi Drive				
St. James City FL 33956  City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
CArolyn Criswell at (239) 471-8749 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				

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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	me of the limited liability company: Pine Island	Property Ma	ant LLC
2. (a)		3082 Bracci	Drive
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liabili	
		St. JAMes City	, FL 3395
	01, 0AMS CI 79 10 10 107	J Hrkes CI F	7 1-12 - 272
	1 1	<u> </u>	
	03/21/14 L	140000 47025	;
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	United States Corporation Agents,	Inc.	•
	Registered Agent and Registered Office shown on the records of the Florida Dept. of S	State:	
	13302 Winding OAK Court A	<u>_</u>	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		<del></del>	
	TAMPA ,FL 33612		
(b) .	Carolyn c. Criswell		<b>7 41</b>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	3082 Bracci Drive		ARY OF
	NEW Registered Office Address:		
		<u></u>	
	St James City, FL 33956		<del>-</del>
the char agent w was/we the artic	mited liability company is not organized under the laws of the State of the or changes are made, the Florida street address of the registered of ill be identical. Or, in the case of a Florida limited liability company, re authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability of a member of a member of a member of a member	fice and the business office o it is hereby confirmed that th ility company or as otherwise	f the registered e change(s) e provided in
I hereb	y accept the appointment as registered agent and agree to act in this c ons of all statutes relative to the proper and complete performance of r		

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 of Registery Agent Circulated 6-33-14