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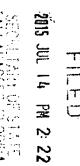
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					





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N. Compan JUL 15 2016

COVER LETTER

Registration Section

TO:

Divis	ion of Corporations				
SUBJECT:	PLUTO TERRACE LLC				
Sebulet.	Name of Limited Liability Company				
Dear Sir or M	fadam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Davida B					
Douglas Be			_		
	Name of Person				
PLUTO TE	RRACE LLC				
	Firm/Company		_		
26 Tall Oal	ks Circle				
	Address				
Tequesta,	FL 33469				
	City/State and Zip Code		_		
dbsjt@com	ncast.net				
E-mail:	address: (to be used for future ann	ual report notific	eation)		
For further in	formation concerning this matter,	please call:			
Douglas Bo	ogue	561	3087112		
	Name of Person		Area Code & Daytime Telephone Number		
Regis Divis Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
☑ \$2	25 Filing Fee	\$55	Filing Fee & Certified Copy		
INHS18 (2/14))				

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. 1	Name of the limited liability company: PLUTO TERF	RACE LLC	
2. (a	Douglas Bogue	(b) Doug	glas Bogue
2. (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	26 Tall Oaks Circle	26 Ta	all Oaks Circle
	Tequesta, FL 33469	Tequ	esta, FL 33469
	04/28/2014	L1400	00068799
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Bogue, Douglas		
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET A 965 Marlin Drive	<u>ADDRESS)</u>	
	Jupiter . FL	33458	
(b	Bogue, Douglas Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	PM 2: 22
	NEW Registered Office Address:		
	26 Tall Oaks Circle		
	Tequesta, FL	33469	
the clagent was/vethe ar	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or authorized presentative of a member neby accept the appointment as registered agent and agr	the registered of ability company, of the limited liability Douglas E	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Bogue Printed or typed name of signee capacity. I further agree to comply with the
provi the or to me notifi	sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I l ed in writing of this change ture of Registered Agent	performance of	my duties, and I am familiar with and accept

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