

L14 000 100923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400287922124

07/14/16--01008--014 **490.00

FILED

2016 AUG -9 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG 10 —



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2016

SHELLEY LAW FIRM, LLC
MICHAEL SHELLEY
500 S. POINTE DR, STE. 140
MIAMI BEACH, FL 33139

SUBJECT: PRO LAND INVESTMENT, LLC
Ref. Number: L14000100923

We have received your document for PRO LAND INVESTMENT, LLC and your check(s) totaling \$490.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00014851

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PNO LAND INVESTMENT, 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:

MICHAEL SHELLEY

Name of Person

THE SHELLEY LAW FIRM, LLC

Firm/Company

500 S. POINTE DRIVE SUITE 140

Address

MIAMI BEACH FL 33139

City/State and Zip Code

Michael@shelleylawfirm.com

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

For further information concerning this matter, please call:

MICHAEL SHELLEY

Name of Person

at (305) 798 5522

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

prev. paid \$35

☐ \$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: PRO LAND INVESTMENT, LLC
2. (a) 10800 N.W. SWATH RIVER DR. (b) P.O. Box 821700
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
MEDELY FL 33178 PEMBROKE PINES FL 33082
3. 06/24/2014 4. 414000100923
Date of filing/registration in Florida Document number
5. (a) MICHAEL SHELLEY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1521 ALTON ROAD # 870
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
MIAMI BEACH FL 33139
_____, FL _____
- old*
7
- (b) MICHAEL SHELLEY
Enter name of NEW Registered Agent and/or NEW Registered Office address:
500 S. POINTE DR.
SUITE 140
MIAMI BEACH, FL 33139
new
7

FILED
2016 AUG -9 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

OSCAR ACHARRADIO, President
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