114000150848

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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03/26/18--01030--020 **35.00

ALLASASSEE FI STATES

APRO97"."
J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PKD Westmat Group 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:				
Name of Person				
PKD Westmat Grant Firm/Company				
2617 Mittelan DRIVE, SUITE 107 Address				
Tay Anasset, by . 32308 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DIALE WALVAL at (850) 878-171 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: ALREADY PAID				
□ \$25 Filing Fee & Certified Copy				



March 28, 2018

DIANE WALKER 2617 MITCHAM DRIVE, SUITE 102 TALLAHASSEE, FL 32308

SUBJECT: PKD INVESTMENT GROUP, LLC

Ref. Number: L14000150848

We have received your document for PKD INVESTMENT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00006209

2018 APR -6 PM 1: 29
DEPARTMENT OF STATE
TALLAHASSEE FLORE

2111 APR -6 PM 1: 03

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. N	lame of the limited liability company:PKD_ \d	VESTM	of Gr	LOUP	
2. (a)	2617 Mirchan DRIVE	(b)	Sam	E	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	f limited liability con	
	SUITE LOZ				
	TAUALASSEE Fr. 32308-54	79			
	color la		1 .x	. 10	
"	9/26/14		140001		>
3.	Date of filing/registration in Florida 4.		Document nu	mber	
5. (a	Avoi Dou				
	Registered Agent and Registered Office shown on the records of the Flo	orida Dept. of S	tate:		
	1009 PHYSICIANS DRIVE		<u> </u>		
	Registered Office Address (MUST BE FLORIDA STREET ADDR	ESS)			
					
	TALLAMASSEE ,FL 3	2308			

(b)					
	Enter name of NEW Registered Agent and/or NEW Registered Office	e address:			
	21 17 01 1 1 20 5			25元 20 28元	CENTRO -
	2617 Mitcum DRIVE NEW Registered Office Address:				i .
•	Suite 107			S S	
	JUITE 102	•			P. 4
	73 10		-11-0		
	TALLANASSE , FL 3	<u> 2308 -</u>	<u>5419</u>		
If the	limited liability company is not organized under the laws of	the State of	Florida, it is here	by confirmed tha	t after
the ch agent	ange or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liability	egistered off v company, i	ice and the busin t is hereby confi	iess office of the i	registered nge(s)
was/w	ere authorized by an affirmative vote of the members of the icles of organization of the limit	limited liabi	lity company or	as otherwise prov	ided in
me arı	icles of organization of the operating agreement of the limit		ompany.	Dolla ch.	Chin .
Sign	ature of a member or authorized representative of a member		Printed or typed	name of signee	
I here	phy accept the appointment as registered agent and agree to	act in this co	anacity I further	r goree to comply	with the
provis the ob	ions of all statutes relative to the proper and complete perfo ligations of my position as registered agent as provided for ely reflect a change in the registered office address, I hereb	rmance of m in Chapter 6	y duties, ánd I a 05, F.S. Or, if th	m familiar with a his document is be	nd accept eing filed
to mer	is in reflect a change in the registered office address. I hand			L : 1:	

Signature of Registered Agent