140016151

(Requestor's Name)				
(Address)				
(Áddress)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



07/10/18--01005--063 ++350.00



K SALY

COVER LETTER

. ..

TO: Registration Section Division of Corporations

.

PALM BEACH PRIME-EXE-105-106-203-214 LLC

SUBJECT:

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:

Jeremy Auestad

Name of Person

Firm/Company

667 Hibiscus

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

susan@rodecker.com

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

For further information concerning this matter, please call:

Susan Castellanos	714	<u>्</u> 241-7368	
Name of Person	_ at <u>(</u>	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.

I. Na	me of the limited liability company: PALM BEACH	PR	ME-EXE-10	5-106-203-214 LLC	
2. (a)	PALM BEACH PRIME-EXE-105-106-203-214		(b) PALM B	EACH PRIME-EXE-105-106-203-	
2. (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_	· · · ···	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	17284 NEWHOPE ST., #222	_	17284 NE	EWHOPE ST., #222	
	FOUNTAIN VALLEY, CA 92708		FOUNTA	IN VALLEY, CA 92708	
	10/15/2014		L1400016	1151	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CAREY LAW GROUP, P.A.				
. (4)	Registered Agent and Registered Office shown on the records of th				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			JE TIL	
	1401 FORUM WAY STE 210				
	WEST PALM BEACH	3340	1	FILED	
(b)	Jeremy Auestad			. 50	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	<u>)ffice</u>	address:		
	NEW Registered Office Address:				
	667 Hibiscus		<u>. </u>		
	WEST PALM BEACH	3340)1		
the cha agent v was/wo	imited liability company is not organized under the law ange or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the re bility `the l	gistered office company, it is imited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	al	V	allace Rode		
Đ	ture of a member or authorized representative of a member			Printed or typed name of signee	
l here	by accept the appointment as registered agent and agre	re to i	act in this capa	city. I further agree to comply with the	

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 Registered Agent

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