## Florida Department of State Division of Corporation Electronic Ething Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: I20090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail Address:			

## LLC REGISTERED AGENT CHANGE PALMETTO QUAD, LLC

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MAY 27 2020

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## 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: Palmetto	Quad LLC	>		
2. (a)	7091 4th St N	(b) 19 E Central Blvd			
<u>.</u> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Ste 300				
	St Petersburg, FL 33702	Orland	o. FL 32801		
	11/21/14	L14000	0180543		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a)	NORTHWEST REGISTERED AGENT LLC.				
.). (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St			
	7901 4TH STREET N		2020 HAY		
	Registered Office Address (MUST BE FLORIDA STREET)				
	SUITE 300		26		
	ST. PETERSBURG , FL	33702			
			— ភា		
(b)	Registered Agents Inc.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:			
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300		<u></u>		
	St. Petersburg	33702	<u> </u>		
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered off ability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.		
Signa	Signature of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obi to mer notifje	by accept the appointment as registered agent and aging ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change.  Bill Havre - Assistan	performance of m d for in Chapter 6	ry duties, and Lam familiar with and accep. 05. F.SOr. if this document is being filed		