

L15000011529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

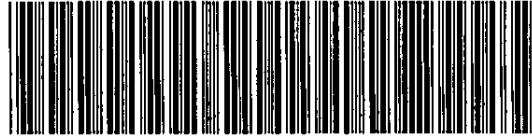
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400283059164

03/10/16--01027--022 \*\*50.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAR 10 P 12: 38

FILED

MAR 11 2016

J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Psalm 127, 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 R. Senchak  
Name of Person

Firm/Company

357 NE BRASHER CT.  
Address

PORT ST. LUCIE, Florida 34983  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael R. Senchak at ( 330 ) 330-5253  
Name of Person Area Code & Daytime Telephone Number

2016 MAR 10 P 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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.

1. Name of the limited liability company: Palm 127, LLC

2. (a) 357 NE BRASHER CT. (b) \_\_\_\_\_

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

Port St. Lucie  
Florida 34983

3. 1/12/2015  
Date of filing/registration in Florida

4. L15000011529  
Document number

5. (a) Michael S. Senchak  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

15205 Spinnaker Cove Dr.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Winter Garden, FL 34787

(b) Michael Senchak  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

357 NE BRASHER CT.  
**NEW Registered Office Address:**

Port St. Lucie, FL 34983

2016 MAR 10 P 12:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

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.

X Michael Senchak  
Signature of a member or authorized representative of a member

Michael Senchak  
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.

X Michael Senchak  
Signature of Registered Agent