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questor's Name)	<u>.</u>						
(Address)							
(Address)							
y/State/Zip/Phone	e #)						
☐ WAIT	MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates						





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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT NOV 2 1 2016

COVER LETTER

TO:	Registration Section Division of Corporations		· •	
SUB.	Pillar LLC JECT:			
		me of Limite	ed Liability Company	
Dear	Sir or Madam:			
The e	enclosed Registered Agent/Registered O	ffice Change	and fee(s) are submitted f	or filing.
Pleas	e return all correspondence concerning t	his matter to	the following:	
Hale	ey Baker			
	Name of Person			
Pilla	r LLC			
	Firm/Company			
3167	7 St. Johns Bluff Rd. S. #205			
	Address		· · · · · · · · · · · · · · · · · · ·	
Jack	ssonville, FL 32246			6 NOV SECRETALLAHA
	City/State and Zip Code			
hale	y@cshr-pillar.com			177
	E-mail address: (to be used for future ar	nual report r	notification)	PH 1:07
For fi	urther information concerning this matte	r, please call	:	VIE VIDA
Hale	y Baker	904 at (, 699-6567	
	Name of Person	at (Area Code & Daytin	me 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 323	5
	Enclosed is a check for the following	ig amount:	,	
	□ \$25 Filing Fee	Ì	\$55 Filing Fee & Certif	ied Copy

INHS18 (2/14)

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:				
2. ((a)	Pillar LLC	(b) Pillar LLC			
2. (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)			• • •
		3167 St. Johns Bluff Rd. S. #205		3167 St.	Johns Bluff	Rd. S. #205
		Jacksonville, FL 32246	- -	Jacksonv	ville, FL 3224	46
		11/14/16		59-382914	12	
3.		Date of filing/registration in Florida	4.		Document nun	nber
5.	(a)	Griffith, Michael S				
٥.	(u)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:	
		Pillar LLC				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		TALLA TALLA		
		2232 Corporate Square Blvd.				
		Jacksonville . , FL3	32216			FILED MIN 18 P
		Griffith, Michael S				ES a U
{	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FILED NOV 18 PH 1: 07 CREPARY OF STATE LANKSSEE, FLORIDA	
		Pillar LLC				₹ *
		NEW Registered Office Address:	•			
		3167 St. Johns. Bluff Rd. S. #205	·			
		Jacksonville FI 3	32246			
the age was the Si I hipro the to n	cha nt v s/we arti igna erei visi obli	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and the entered by an affirmative vote of the members of cless of organization or the operating agreement of the liability accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	the regis bility co the lim imited l	stered office ompany, it is ited liability iability com	and the busine hereby confirm company or a pany. Printed or typed acity. I further	ess office of the registered med that the change(s) is otherwise provided in name of signee
Sig	natu	re Augistered Agent				