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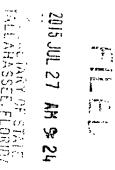
| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Ci | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Registration Section

\$25 Filing Fee

| Division of Corporations | | |
|---|--|--|
| SUBJECT: PALM BEACH FINEST PROPERTIES LC. (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: | | |
| HAGDA GOHEZ (Name of Person) | | |
| PALM BEACH FINEST Properties LLC. (Firm/Company) | | |
| 300 NE 90th St. \$406 (Address) | | |
| BOCA RATON FC 3343/ (City/State and Zip/Code) | | |
| For further information concerning this matter, please call: | | |
| MAGDA GOMEZ at (561) 506 9364 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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: | | |

☐ \$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 608.416 or 608.508, Florida Statutes, the undersigned limited liability

| | npany submits the following statement in order to chan the State of Florida. | ige its registered office or registered agent, or both, |
|---|--|--|
| 1. | Name of the limited liability company: PALH 1 | BEACH FINEST PROPERTIES |
| 2. | (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | BOCA RATION, FL 33431 |
| | (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 300 NE 20th St. +406 BOCA RATON, FL 33431 |
| 3. | 07/16/2015 Date of filing/registration in Florida | L 15000 (21909 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| • | Registered Agent: | United States Corporation Agents INC. |
| | Registered Office Address: | 13302 Winding OAK Court A |
| | (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: |
| | NEW Registered Agent: | HAGDA DE CRUE |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | JAKE WORTH, FL. 33460 |
| tha off her lia | the limited liability company is not organized under the stafter the change or changes are made, the Florida streetice of the registered agent will be identical. Or, in the creby confirmed that the change(s) was/were authorized belief to company or as otherwise provided in the articles of the liability company. | et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited |
| (316 | mature of a member or authorized representative of a member) MAGDA GOMEZ | |
| (Pr | inted or typed name of signee) | - |
| I I con am F.S. con | nereby accept the appointment as registered agent and a mply with the provisions of all statutes relative to the pro- familiar with and accept the obligations of my position s. Or, if this document is being filed to merely reflect a afirm that the limited liability company has been notified | igree to act in this capacity. I further agree to oper and complete performance of my duties, and I as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change. |

Signature of Registered Agent)