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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Pinellas Hame of Limit	oldings Group LLC red Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to	o the following:				
Paul Rohr Name of Person					
Firm/Company		TALLAHASSEE			
2160 lagoon Prive					
Dunedin FL City/State and Zip Code	34698	2: 38			
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please call	1: 7Z) 639-1/9/ 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					

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.

Pior		_			
1.	Name of the limited liability company:	Pinellas	Holding	s Grou	p CCC
2. (a	Principal office address of limited liabili (Note: MUST BE STREET ADD			ing address of limited ote: MAY BE POST	
	2160 lagoon Dunedin FL		\sim	ľ	,000 Prive FL 34628
3.	12/16/1 Date of filing/registration in Fl		Do	L 1500 (cument number	<u> 207302</u>
5. (Registered Agent and Registered Office shown	por the records of the Flo	FWC, rida Dept. of State:		
	300 FIFTH Ave	•	Ste 101 -	330	SEURETI TALLAHA
(t	Enter name of NEW Registered Agent and/or M	Colr			SSEE. FLOR
	NEW Registered Office Address:	Zohr			38
	2160) lagor			
	Unec	(, , FL =	34	1698	
the c agen was/	limited liability company is not organized hange or changes are made, the Florida stream will be identical. Or, in the case of a Flowere authorized by an affirmative vote of ticles of organization or the operating agriculture.	eet address of the regida limited liability	gistered office and company, it is he imited liability co	d the business of reby confirmed the ompany or as other	fice of the registered hat the change(s)
Sig	pature of a number or authorized representative of a	ı member	$f_{\rm Pri}$	AUL RO nted or typed name o	f signee
the o	reby accept the appointment as registered sions of all statutes relative to the proper bligations of my position as registered agreely reflect a change in the registered officed in writing of this change.	agent and agree to and complete perfo ent as provided for i ice address, I hereby	act in this capacit rmance of my duti n Chapter 605, F. confirm that the	y. I further agree es, and I am fami S. Or, if this doc limited liability c	e to comply with the liar with and accept ument is being filed company has been
Signa	the of Registered Agent				

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