## 

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(city/state/2ip/ None ny						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Certifical copies Certificates of Citates						
Special Instructions to Filing Officer:						





10/24/16--01016--004 \*\*25.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	Little Pink Houses of Palm Coa	ast, LLC			
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.		
Please	return all correspondence concerning this n	natter to the fo	ollowing:		
Rand	all Ritchie				
	Name of Person		_		
Ande	rson Business Advisors				
	Firm/Company		_		
3225	McLeod Drive				
	Address		_		
Las V	/egas, NV 89121				
	City/State and Zip Code		_		
rritchi	ie@andersonadvisors.com				
E	-mail address: (to be used for future annual	report notific	cation)		
For fur	ther information concerning this matter, ple	ase call:			
Rand	all Ritchie	800	706-4741		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following an	Reg Divi P.O Tall	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
Miner	2 \$25 Filing Fee	L 30	5 Filing Fee & Certified Copy		
iMD318	8 (2/14)				

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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. N	ame of the limited liability company: Little Pink Hou	ses c	of Palm Coast, LLC	<del></del>
			(b) Muiling address of limited liability company:	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4845 BELLE TERRE PARKWAY SUITE C27	,	4845 BELLE TERRE PARKWAY SUIT	E C27
	Palm Coast, FL 32161	-	Palm Coast, FL 32161	
	04/22/2016		L16000079601	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	)			
	) Registered Agent and Registered Office shown on the records of th MARTIN, PETER	e Floric	rida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET AL 38 RUSSO DRIVE	ODRES	<u> </u>	
	Palm Coast , FL	32164	<u> </u>	2 3
				2 8
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	address:	0CT 24
			SS S	, <sub>2</sub>
	Anderson Registered Agents, Inc		m <sup>c</sup>	) <b>)&gt;&gt;</b>
	NEW Registered Office Address:		<u>د ند</u>	i. <b>=x</b>
	1000 North Washington Blvd			; <u>=</u>
	Sarasota , FL	34236	공원 36	
			·	
the ch agent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of ticles of opganization or the operating agreement of the li	he reg pility c the fir	gistered office and the business office of the regist company, it is hereby confirmed that the change(significantly company or as otherwise provided	ered \
	ature of a member or authorized representative of a member		• •	
			PETER MACTIN Printed or typed name of signee	
I here provis the ob to met notifie	eby accept the appointment as registered agent and agre tions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	e to ac erforn for in ercby c	act in this cupacity. I further agree to comply with rmance of my duties, and I am familiar with and ac n Chapter 605, F.S. Or, if this document is being f confirm that the limited liability company has bee	the cept iled n
Signat	ure of Registered Agent			

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

INHS18 (2/14)