## 116000083478

(F	Requestor's Name)			
(A	Address)			
(A	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
L				

Office Use Only



900370587829

08/04/21--01013--020 \*\*385.00



~ I ~

## **COVER LETTER**

TO:	Amendment Section		
	Division of Corporations .		
	ECT: PALM BEACH PRIME 3658 1737 150	00. LLC	
	of Corporation		
	0. 001paranon		
poct	JMENT NUMBER: 1.16000088478		
The er	nclosed Statement of Change of Registered	l Office/Agent and fe	e are submitted for filing.
Please	return all correspondence concerning this	matter to the following	ng:
Wallac	e Rodecker		
Name	of Contact Person		
PALM	BEACH PRIME 3658 1737 1500, LLC		
Firm/C	Company		
17284	Newhope St #222		
Addre	SS		
Founta	in Valley, CA 92708		
City/S	tate and Zip Code		
	wallace@rodecker.com		
E-mai	l address: (to be used for future annual	report notification)	
For fu	rther information concerning this matter, p	lease call:	
Wallac	e Rodecker	at ( <sup>7†4</sup>	) <sup>241-7368</sup> de & Daytime Telephone Number
	Name of Contact Person	`Area Co	de & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)