

L16000939131

Division of Corporations
Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
PORTFOLIO PARTNERS LLC

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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. Name of the limited liability company: Portfolio Partners LLC
2. (a) 203 Forest Street Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Fruitland Park, Florida 34731
(b) 203 Forest Street Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Fruitland Park, Florida 34731
3. 5/12/2016 Date of filing/registration in Florida
4. L16000093931 Document number

- 5. (a) MARY F MORGAN Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 203 Forest Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FRUITLAND PARK, FL 34731
(b) Business Filings Incorporated Enter name of NEW Registered Agent and/or NEW Registered Office address: 1200 South Pine Island Road NEW Registered Office Address: Plantation, FL 33324

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member: Mary Morgan, Manager Printed in typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent: Mark Williams, AVP, Business Filings Incorporated Division of Corporations • P.O. Box 6317 • Tallahassee, FL 32314 FILING FEE: \$25.00

H180000426873



February 5, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PORTFOLIO PARTNERS LLC
P.O. BOX 490726
LEESBURG, FL 34749US

SUBJECT: PORTFOLIO PARTNERS LLC
REF: L16000093931

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a corporation. Please resubmit with an LLC fax audit sheet.

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Karen A Saly
Regulatory Specialist II

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