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Special Instructions to Filing	j Officer:					
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Office Use Only

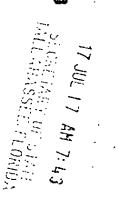


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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations				
SUBJECT:	PIKES PEAK PARTNERS, LLC				
зовящет.	Name of Limited Liability Company				
Dear Sir or M	vladam:				
The enclosed	d Registered Agent/Registered Office	Change and fo	e(s) are submitted for filing.		
Please returr	all correspondence concerning this n	natter to the fo	llowing:		
Mark Char	ndler				
<u> </u>	Name of Person		-		
Meenan P	P.A.				
	Firm/Company		-		
214 W. 4th	n Avenue				
	Address		-		
Tallahasse	ee, FL 32303				
	City/State and Zip Code		-		
_	enanlawfirm.com		_		
E-mail	address: (to be used for future annual	report notifies	ation)		
For further in	nformation concerning this matter, ple	ase call:			
Mark Char	ndler	850 at (425-4000		
	Name of Person		Area Code & Daytime Telephone Number		
Registration SectionRegiDivision of CorporationsDivisClifton BuildingP.O.		LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314			
Encl	losed is a check for the following am	iount:			
☑ s:	25 Filing Fee	□ \$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 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.	Na	me of the limited liability company: PIKES PEAK	PARTI	IERS, LL	C	
2.	(a)	325 W COLLEGE AVE	(h	(b) PO BOX 11247		
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Hailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		TALLAHASSEE, FL 32301	_	TALLAH	ASSEE, FL 32302-1247	
	•	05/20/2016		L160000	95819	
 3. 5. 	(a)	Date of filing/registration in Florida MEENAN, TIM	4.		Document number	
	(")	Registered Agent and Registered Office shown on the records of to 325 W COLLEGE AVE	the Florida	Dept. of State	:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		17 Mil		
		TALLAHASSEE, FL	32301		T JUL 17 AN	
	(b)	Timothy J. Meenan				
		Enter name of NEW Registered Agent and/or NEW Registered Office address:		M 7:4		
		300 S. Duval Street			\$ 5 \$ 5	
		NEW Registered Office Address:				
		Ste. 410				
		Tallahassee FL	32301			
the age wa	chai ent w s/we	mited liability company is not organized under the law age or changes are made, the Florida street address of full be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	the regist ibility cou f the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s)	
			Mar	< Chandle	er	
		are of a member or authorized representative of a member			Printed or typed name of signee	
pro the to i	obli nere	y accept the appointment as registered agent and agrains of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	ce to act performa I for in C pereby co	n this capa nce of my d hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
Sig	natur	e of Registered Agent				