## LIWOODIPOOOT

(Requestor's Name)					
(Address)					
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y/State/Zip/Phone	e #)				
☐ WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
_ Certificates	s of Status				
Special Instructions to Filing Officer:					
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nar  cument Number)  Certificates				

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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Palmetto X LLC			
50052		e of Limited Li	ability Company	
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning the	is matter to the	following:	
Grego	ory Weinstein			
	Name of Person		<del></del>	
Palme	etto X, LLC			
	Firm/Company			
3908	26th St W			
	· Address			
Brade	enton, FL 34205	• •		
	. City/State and Zip Code		_	
gmre	1975@gmail.com			
Е	-mail address: (to be used for future ann	ual report notifi	cation)	
For fur	ther information concerning this matter,	please call:		
Grego	ory Weinstein	941 at (	706-1001	
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	
Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	🗀 S3	5 Filing Fee & Certified Copy	
INHS18	3 (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.

l. Na	me of the limited liability company: Palmetto X LL	C	
2. (a)	3608 26th St W		
(u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	······································	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Bradenton, FL 34205		
	10/13/2016	 L1	16000190007
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	None		
(,	Registered Agent and Registered Office shown on the records of the	he Florida De	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	, FI,		
(b)	Gregory Weinstein		ि <b>क</b>
(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office addre	SSE SSE
	NEW Registered Office Address:		FLORIO.
	, FL_	· • · •	
the chargent was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of des of organization or the operating agreement of the l	the registe bility com f the limite	ered office and the business office of the register upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
//_	12 ht	Grego	gory D Weinstein
Signat	re of a member or authorized representative of a member		Printed or typed name of signee
I herei provisi the obl to mey notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete piggions of my position as registered agent as provided by reflect a change in the state of the address. I had in writing of this change	ee to act in performan I för in Cho ereby conj	in this capacity. I further agree to comply with th nce of my duties, and I am Jamiliar with and acce hapter 605, F.S. Or, if this document is being file nfirm that the limited liability company has been
Signatu	re of Registered Agent		
Ü	Division of Corporations P.O. B	ox 6327•	Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (2/14)