## 117000 90366

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





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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	SUBJECT: PKs Legacy, LLC					
	Nan	ne of Limited	Liability Company			
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to t	he following:			
Marth	na Peete					
	Name of Person					
PKs I	Legacy, LLC					
	Firm/Company		<del></del>			
3918	Woodlake Drive					
	Address		<del></del>			
Bonita	a Springs, FL 34134					
	City/State and Zip Code					
peete	emar@aol.com					
E	E-mail address: (to be used for future ann	ual report no	tification)			
For fur	rther information concerning this matter,	please call:				
Will P	Peete	336	430-6643			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:		MAILING ADDRESS:			
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18	8 (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.

1 Na	ame of the limited liability company: PKs Legacy,	LLC			
2. (a)	Martha W. Peete	(b) Mar	(b) Martha W. Peete		
<u> </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)		
	3918 Woodlake Drive	391	8 Woodlake Drive		
	Bonita Springs, FL 341346	Bon	ita Springs, FL 34134		
	09/08/2017	L170	00190366		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Martha W. Peete				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:		
	PKs Legacy, LLC				
	3918 Woodlake Drive				
	Bonita Springs, FI	34134			
(b)	Terry Booth		1		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
	PKs Legacy, LLC		——————————————————————————————————————		
	NEW Registered Office Address:		÷ • • • • • • • • • • • • • • • • • • •		
	3622 Woodlake Drive				
	Bonita Springs , FI	L34134			
the cha agent was/we the art Signa I here provis the ob- to mer	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the street of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutos relative to the proper and completely reflect afchange in the registered office address, if the writing of this change.	of the registered iability compan of the limited lie limited liability  Martha	y, it is hereby confirmed that the change(s) ability company or as otherwise provided in cy company.  N. Peete  Printed or typed name of signee		
Signan	are of Registered Agent				