## 117000195520

(Requesto	r's Name)	
(Address)		
(Address)		
(City/State	·/Zip/Phone #)	
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PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
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SECRETARY OF STATE
MULAHASSEE FLORIDA

## COVER LETTER

Division of Corporations	
SUBJECT: Pinnacle	OVE PROPERTIES, LLC
Name of	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
CORRAINE G. WOR	Re//
PINNACLE COVE PROPE	extics, LLC
12620 Beach Blud 03 =	4179
Jacksonulle, Fl City/State and Zip Code	32246
RVP LORRAINE & MAIL, C E-mail address: (to used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Corraine Workell	at (904) 6/4-2278
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (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.

. N	lame of the limited liability company: <u> </u>	VACLE	Love Properties, 11
. (a)		(b) _	·
	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	<b>y</b> :	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12620 Beach Blud 33 7		
<	TACKSONII'lle, F/ 32	246 J	ACKSONVILLE, Fl 32
	09/20/2017		-17000195520
	Date of filing/registration in Florida	4.	Document number
. (a)	ORRAINE & WOR	RELL	
	Registered Agent and Registered Office shown on the reco	rds of the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESSI	
	12620 Beach Blvd 03 #1	<u> </u>	
	——————————————————————————————————————		
	JACKSONVILLE	, fl <u>329</u>	<u>4(                                    </u>
(b)			17.6 17.4 17.4
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office addres	
			118 N. 18 N.
	MEMI B. June LOG Allens		
	NEW Registered Office Address:		SIA
		, FL	
r.,			
	limited liability company is not organized under thange or changes are made, the Florida street address		
gent as/w	will be identical. Or In the case of a Florida limi vere authorized by an affirmative vote of the members.	ted liability compoers of the limited	pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided i
ie art	ticles of organization or the operating agreement of	of the limited liab	pility company.
Ċ:	Therell		issie ) terrell
	auther of a member of authorized representative of a member ebyzaccept the appointment as registered agent an	d agree to get in	Printed or typed name of signee
ranic	sions of all statutes relative to the proper and com	nloto nortarmana	ce of my duties, and I am familiar with and acc
ne oo oner	oligations of my position as registered agent as property reflect a change in the registered office addressed in writing of this change.	ss, I hereby confi	irm that the limited liability company has been
XO.	Mind		
باسر	ure of Registered Agent	_	