

L18000016541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

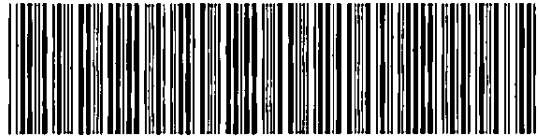
(Business Entity Name)

(Document Number)

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2018 JUN 27 AM 8:01  
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J. HARRIS



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
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Account#: 120000000088

Date: 6/27/2018

Name: Merritt Knickle

Reference #: A447709

Entity Name: PINEAPPLE 3340 LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF FILING EVIDENCE

Authorized Amount: \$55

Signature: WVK

✉ CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40 ST, 10TH FL  
NY, NY 10016  
800.221.0102  
+1.212.947.7200

✉ EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY NO: 0727  
6 BEVIS MARKS, 11TH FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

✉ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12TH FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803



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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pineapple 3340 LLC  
Name 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 matter to the following:

Michelle L. Smith, Paralegal

Name of Person

Bousquet Holstein PLLC

Firm/Company

110 W. Fayette Street, Suite 1000

Address

Syracuse, NY 13202

City/State and Zip Code

sop@cogencyglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle L. Smith, Paralegal

at 315

701-6384

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 amount:

☒ \$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. Name of the limited liability company: Pineapple 3340 LLC
2. (a) Pineapple 3340 LLC  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
3320 NE Pineapple Avenue  
Jensen Beach, Florida 34957
- (b) Pineapple 3340 LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
3320 NE Pineapple Avenue  
Jensen Beach, Florida 34957
3. January 18, 2018  
Date of filing/registration in Florida
4. L18000016541  
Document number
5. (a) Tilton & Tilton Law, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Tilton & Tilton Law, P.A.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1935 NE Ricou Terrace  
Jensen Beach, FL 34957
- (b) Cogency Global Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
115 N. Calhoun Street, Suite 4  
Tallahassee, FL 34957

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.

Robert W. Pomfrey  
Signature of a member or authorized representative of a member

ROBERT W. POMFREY  
Printed or 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.

Karen McKown  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00