

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

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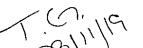
LLC REGISTERED AGENT CHANGE POMEGRANATE PATH, LLC

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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: Pomegra	ınate	Pa	ith L	LC		
	(a)	417 POMEGRANATE PATH	(15	· 41	.7 PO	MEGRANATE PATH		
٠.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1)	,		niling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		THE VILLAGES, FL 32163		TH	IE VII	LAGES, FL 32163		
								
		05/29/2018		L18	0001	33660		
3.		Date of filing/registration in Florida	4.			Document number		
5.	(a)	MITCHELL, ALICE K						
-	(**)	Registered Agent and Registered Office shown on the records of	the Florida	Dept	of State:			
		417 POMEGRANATE PATH				F. S. 2 8		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2		AF 2019 MAR SECRETAINA		
		THE VILLAGES FI	32163	3		PRICESSEE		
	(b)	Northwest Registered Agent I	LLC			AMII:		
	(11)	Enter name of NEW Registered Agent and/or NEW Registered				5 -		
		7901 4th St N				**** co		
		NEW Registered Office Address.						
		STE 300						
		St. Petersburg,FI	33702	2				
the age	cha ent v s/w	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regis lability co of the lim	stered inpai ited l	l office ny, it is liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
		nure of a member or authorized representative of a member	Moi	rgan	Noble			
						Printed or typed name of signee		
III pro the to not	iere ovisi obl mer ufie	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide the reflect a change in the registered office address, I din writing of the change. Therefore Glover - Assistar	ree to act e perform ed for in C hereby co nt Secre	in th ance Thapi onfiri tary	iis capa of my d ter 605, m that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		

Signature of Registered Agent