

L19000 236 462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

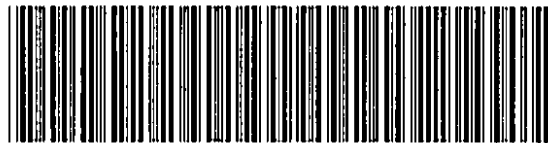
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400335288904

10/15/19--01011--018 **25.00

2019 OCT 15 PM 12:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PME Apartments 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:

Jacqueline Hilsny
Name of Person

PME Apartments LLC
Firm/Company

17144 73rd Ave
Address

Laurelton, FL 33470
City/State and Zip Code

Jackie Hilsny@verizon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Hilsny at (904) 800-5478
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: PME Apartments 2 LLC

2. (a) Jacqueline Hilson Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

17144 73rd Ct
Loxahatchee Fl 33470

(b) _____ Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. Sep 18, 2019 Date of filing/registration in Florida

4. LI9000236462 Document number

5. (a) Jacqueline Hilson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17144 73rd Ct N
Loxahatchee, FL 33470

(b) Jacqueline Emerson
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

17144 73rd Ct N
NEW Registered Office Address:
Loxahatchee Fl 33470
_____, FL _____

2019 OCT 15 PM 12:28

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.

Signature of a member or authorized representative of a member _____ Printed or typed name of signee Jacqueline Emerson

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.

Signature of Registered Agent _____