11/16/21 2 41 PM

Division of Corporations



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Division of Corporations

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From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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LLC REGISTERED AGENT CHANGE PINNACLE FUNDS II, 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. N	ame of the limited liability company: Pinnacle Funds	II, LLC			
			(b)		
₩. (#/	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	3520 South Fleicher Avenue,		•	3520 South Fletcher Avenue.	
	Fernandina Beach, FL, US, 32034		-	Fernandina Beach, FL, US, 32034	
	04-14-2020		1	1.20000102903	
3.	Date of filing/registration in Florida	4.	_	Document number	
5. (a))				
J. (B.	Registered Agent and Registered Office shown on the records INCORP SERVICES, INC	of the Flori	ida D	Dept. of State.	
	Registered Office Address (MUST BE FLORIDA STREE				
	17888 67TH COURT NORTH			· 	
	LOXAHATCHEE.	HATCHEE. , FL 33470			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> LEGALING CORPORATE SERVICES INC.	<u>ed Office :</u>	<u>addr</u>	<u>lress</u>	
	NEW Registered Office Address	· -			
	5237 SUMMERLIN COMMONS BLVD. SUITE 400				
	FORT MYERS,	FL_33907			
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the memberation of the operating agreement of the memberation of the operating agreement of the operations.	he registe liability of s of the li he limited	ered com imite d lia	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as proving the reflect a change in the registered office address, and in writing of this change.	gree to a te perfori ded for in I hereby	ict ir man i Ch con	in this capacity. I further agree to comply with the nice of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been	
Signat	ure of Registered Agent				

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