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	COVER LETTER .					
	egistration Section Division of Corporations	•				
SUBJEC	Pinnacle Properties Concierge Services, LL	C				
SUBULO		imited L	iability Company			
Dear Sir o	or Madam:					
The enclo	osed Registered Agent/Registered Office Ch	ange and	fee(s) are submitted for filing.			
Please ret	rurn all correspondence concerning this matter	ter to the	following:			
Kimberly	Dolniak					
	Name of Person		_			
Pinnacle P	Properties Concierge Services, LLC					
	Firm/Company					
9436 Rapa	allo Street					
	Address					
Naples, Fl	34119					
	City/State and Zip Code					
kim@tean	nppes.com					
E-m	ail address: (to be used for future annual re	port notif	ication)			
For further	er information concerning this matter, please	e call:				
Kimberly	at (314	368-6713			
	Name of Person	\	Area Code & Daytime Telephone Number			
N	1ailing Address:		Street Address:			
	Legistration Section		Registration Section			
Γ	Division of Corporations		Division of Corporations			
	.O. Box 6327		The Centre of Tallahassee			
Т	fallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	nclosed is a check for the following amou	ınt:				
	\$25 Filing Fee	 \$	55 Filing Fee & Certified Copy			
INHS18 (2	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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 08/09/21 Date of filing/registration in Florida Basil R Rudawsky Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) L21000356385 Document number	2. (a)	lame of the limited liability company: 9436 Rapallo Street Naples, FL 34119			(b) 9436 Rapallo Street Naples, FL 34119					
Basil R Rudawsky Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1350 Middle Gulf Dr Unit 1F Sanibel, Fl 33957 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) [b] Enter name of NEW Registered Agent and/or NEW Registered Office address: [c] Kimberly Dolniak NEW Registered Office Address: 9436 Rapallo Street Naples [c] Naples [c] FL 134119 [c] 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 puthorized 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 nember 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 statuties relative to the proper and complete performance of my duties, and I am Jamiliar with and accept to mereby reflect a change in the registered agent and sprovided for in Chapter 605, F.S. Or, if this document is being filed to mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been supported for in Chapter 605, F.S. Or, if this document is being filed to mereby reflect a change in the registered agent sprovided for in Chapter 605, F.S. Or, if this document is being filed to mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been supported for the confirmation of the con	,	•				Mailing address of lim	ited liability co			
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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Kimberly Dolniak NEW Registered Office Address: 9436 Rapallo Street Naples FL 1419 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. Kimberly Dolniak Signalur of a member or authorized representative of a member 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 mereby reflect a change in the registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed notified in writing of this change. Signalure of Registered Agent		•	the Flor	rida	Dept. of Stat	te:				
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