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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
J. HORNE		
APR 2 7 2022		
		<u> </u>

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Palm and Pine 2 Name of Limited Lia	9 Ibility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Alexandra Scheerer Name of Person	_
Palm and Pine 29 Firm/Company	
130 Elwa Pl. Address	_
West Palm Beach, FL 3340 City/State and Zip Code	<u>2</u> 5
Alexandra M Scheerer @ gmail.com E-mail address: (to be used for future annual report notific	<u>1</u> ation)
For further information concerning this matter, please call:	
Alexandra Scheerer at (732 Name of Person) 665292 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

submits the following statement in order to change its registered offic	ce or registerea agent, or both, in the state of r	ioriaa.
1. Name of the limited liability company: Palm and	Pine 29	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	-
130 Flwa Pl.	130 Elwa Pl.	
West Palm Beach, FL 33405	West Palm Beach, F	<u>L 33</u> 9
March 13, 2022 Date of filing/registration in Florida 4.	Document number	
5. (a) LegalZoom/US Corporation Agent and Registered Office shown on the records of the Ptorida		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5575 S Semoran Blvd Orlando , FL 328 (b) Charles Scheerer Enter name of NEW Registered Agent and/or NEW Registered Office address	SAC 36 SAC 36	
130 Elwa Pl.	·	
NEW Registered Office Address: West Palm Beach, FL 3340 West Palm Beach, FL 3	3405	
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the register agent will be identical. Or, in the case of a Florida limited liability cowas/were authorized by an affirmative vote of the members of the limited articles of organization or the operating agreement of the limited	e State of Florida, it is hereby confirmed that af red office and the business office of the register company, it is hereby confirmed that the change mited liability company or as otherwise provide liability company. Printed or typed name of signee to comply with this canacity. I further caree to comply with the canacity.	red (s) ed in

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

Signature of Registered Agent