

L24000 223203

(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:

J. HORNE  
JUL 23 2024

Office Use Only



100432744051

07/11/24--01005--028 \*\*25.00

2024 JUL 11 PM 3:25

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: P+L Amc 2, 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:

Paul Howard  
Name of Person

P+L AME 2, LLC  
Firm/Company

P.O. Box 950  
Address

Fernandina Beach, FL 32035  
City/State and Zip Code

paul11h@icloud.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Howard at ( 352 ) 427-6055  
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: P+L ME 2, LLC
2. (a) 2437 SE 17<sup>th</sup> Street Ocala, FL 34471 (b) P.O. Box 950 Fernandina Beach, FL 32035  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 5-13-2024 Date of filing/registration in Florida 4. L24000223203 Document number

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

2437 SE 17<sup>th</sup> St Ocala, FL 34471  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

- (b) Paul Howard  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

2347 SE 17<sup>th</sup> Street Ocala  
\_\_\_\_\_, FL 34471

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.

Paul L Howard  
Signature of a member or authorized representative of a member

Paul L Howard  
Printed or typed name of signee

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.

Paul L Howard  
Signature of Registered Agent

2024 JUN 11 11:31:26