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3960 Via Del Rey
Bonita Springs, FL 34134

Licensed Real Estate Broker, Independently Owned and Operated City/State/Zip

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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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 608.416 or 608.508, 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.

2. The mailing address of the limited liability company is: \(\frac{\text{FECCA ANDREWS}}{\text{3}\left(\text{9}\left(\text{1}\text{1}\text{1}\text{1}\text{9}\right(\text{1}\text{1}\text{1}\text{1}\text{2}\text{3}\right(\text{3}\text{1}\text{3}\text{4}\) 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: \[\text{CT CoRforation SYSTEM} \\ \text{Name} \\ \text{1200 South P/NE SLAND ROAD} \\ \text{Address} \\ \text{PLANTATION FL. 33324} \\ \text{ELCCA ANDREWS} \\ \text{Name} \\ \text{170 GULF STRA DRIVE SO. #/OZ} \\ \text{Florida street address of the new registered agent and/or office:} \\ \text{REBECCA ANDREWS} \\ \text{Name} \\ \text{170 GULF STRA DRIVE SO. #/OZ} \\ Florida street address of the Point of the registered office and the Dwiness office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the Dwiness of the 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, as so therefore a so therefore a so therefore a so therefore a so the company of the proper and complete performance of mathematical address of a proper and complete performance of mathematical propers and complet	ageni, or boin, in the side of Florida.
3. Date of filing/registration in Florida 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD Address PLANTATION, FL. 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: REBECCA ANDREWS Name 1701 GULF STHR DRIVE SO. #/OZ Florida street address (P.O. Box NOT acceptable) NAPLES FL 34/12 City, State and Zip 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 horeby 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. (Sizypolize of a member of authorized refressibility of a member) TAMES J L L OVD (Printed or typed name of signes) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the propristons of all statutes relative to the proper and complete performance of my duties, and I am familier with and accept the obligations of my position as registered agent as provided for in Chapter Ods, F.S. Or, if this document is being illed to hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	1. The name of the limited liability company is: PINEGATE VENTURES, LLC
3. Date of filing/registration in Florida 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD Address PLANTATION, FL. 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: REBECCA ANDREWS Name 1701 GULF STHR DRIVE SO. #/OZ Florida street address (P.O. Box NOT acceptable) NAPLES FL 34/12 City, State and Zip 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 horeby 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. (Sizypolize of a member of authorized refressibility of a member) TAMES J L L OVD (Printed or typed name of signes) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the propristons of all statutes relative to the proper and complete performance of my duties, and I am familier with and accept the obligations of my position as registered agent as provided for in Chapter Ods, F.S. Or, if this document is being illed to hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	2. The mailing address of the limited liability company is: 50 REBECCA ANDREWS
3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT CORPORATION SYSTEM Name IZOO SOUTH PINE ISLAND ROAD Address PLANTATION FL. 333324 City, State and Zip Difference Name IZOO SOUTH PINE ISLAND ROAD Address PLANTATION FL. 333324 Difference Difference	
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Florida Department of State: CT CORFORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD Address PLANTATION FL. 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: REBECCA ANDREWS Name 1701 GULF STAR DRIVE SO. #102 Florida street address (P.O. Box NOT acceptable) NAPLES FL 34//2 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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 changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. City State and Zip 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 Ods, 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.	
Address PLANTATION, FL. 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: REBECCA ANDREWS Name 1701 GULF STAR DRIVE SO. #/OZ Florida street address (P.O. Box NOT acceptable) NAPLES FL 34//2 City, State and Zip 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 horeby 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. Signedic of a member of authorized refresentative of a member) TAMES J LLOYD (Printed or typed name of signee) Thereby 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 008, F.S. Or, if this document is being filled to merely reflect a change in the registered office address. I haveby confirm that the limited liability company has been notified in writing of this change.	Florida Department of State:
6. The name and address of the new registered agent and/or office: **REBECCA ANDREWS** Name **JOI GULF STAR DRIVE SO. #/OZ** Florida street address (P.O. Box NOT acceptable) **MAPLES** FL. 34//2 City, State and Zip 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. **DAMA** **MANASA** (Signofer of a member of authorized refresentative of a member) TAMES** Thereby 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 daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 088, F.S. Or, if this document is being filled 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.	
6. The name and address of the new registered agent and/or office: **REBECCA ANDREWS** Name 170 GULF STAR DRIVE So. #/02 180	PLANTATION, FL. 33324 City, State and Zip
Florida street address (P.O. Box NOT acceptable) WAPLES FL 34//2 City, State and Zip 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. Cisposare of a member or authorized refresentative of a member) JAMES J LLOYD (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 008, F.S. Or, if this document is being filed to merely reflect a change in the registered offtice address. I hereby confirm that the limited liability company has been notified in writing of this change.	6. The name and address of the new registered agent and/or office:
Florida street address (P.O. Box NOT acceptable) NAPLES FL 34//2 City, State and Zip 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. MANS J LLOYD (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 608, 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.	T
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TAMES J LLOYD (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 statules 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 608, 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.	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.
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(Signature of Registered Agent)	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 608, 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.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00