



## Florida Department of State

Division of Corporations Public Access System

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000219038 3)))

H06000219D383ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name . HUBCO

Account Number : 104562003400

: (516)935-3940 Phone

Fax Number : (516)935-3088

9: 23

ASION OF CORPORATION

### REGISTERED AGENT CHANGE

#### PFEFFER RESORT PROPERTIES, LLC

Certificate of Status	11	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$43.75	

Electronic Filing Menu

Corporate Filing Menu

Help

معنوه والمخترسين

. . .

H06000219038

H06000219038

# 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.

ity company is: Pieffer Resort	Properties, LLC	
nited liability company is :		<del></del> '
e, Louisville, KY 40222		·
orida	M05000005833 4. Document number	
CT Corporation System	2m	06 SI
ow registered agent and/or office:  CorpDirect Agents, In Name 515 East Park Avenue Florida street address (P.O. Box NOT	acceptuble)	SEP - 1 AM 9: 23 ECRETARY OF STATE LAHASSEE, FLORIDA
r changes are made, the Florida street as stered agom will be identical. Or, in the chirmed that the change(a) was/were anticy company or as otherwise provided in thited liability company.  Interpolative of a member)  DEF  as registered agent and agree to act in to the proper and complete performance tion as registered agent as provided for of this change.	Idress of the registered office case of a Florida limited for its particles of organization or this capacity. I further agree to cone of my duties, and I am familiar with Chapter 608, F.S. On if this doc	ith and niment is
	ent and the registered office address as:  CT Corporation Systematical Plantation, FL 33324  City, State and Zip  Torida Street address Avenue  Florida street address P.O. Box NOT  Tallahassee, FL 32301  City, State and Zip  Totorida street address P.O. Box NOT  Tallahassee, FL 32301  City, State and Zip  Totorida street address P.O. Box NOT  Tallahassee, FL 32301  City, State and Zip  Totorida street address P.O. Box NOT  Tallahassee, FL 32301  City, State and Zip  Totorida street address Provided in the firmed that the change(a) was/were authors of the state of the street agent will be identical. Or, in the firmed that the change(a) was/were authors of the street agent will be identical. Or, in the firmed that the change(a) was/were authors of the street agent will be identical. Or, in the firmed that the change(a) was/were authors of the street agent will be identical. Or, in the firmed that the change(a) was/were authors of the street agent will be identical. Or, in the firmed that the change(a) was/were authors of the street agent will be identical. Or, in the firmed that the change(a) was/were authors of the street agent will be identical. Or, in the firmed that the change(a) was/were authors of the street agent will be identical. Or, in the firmed that the change(a) was/were authors of the street agent will be identical. Or, in the firmed that the change(a) was/were authors of the street agent will be identical. Or, in the firmed that the change (a) was/were authors of the street agent will be identical. Or, in the firmed that the change (a) was/were authors of the street agent will be identical. Or, in the firmed that the change (a) was/were authors of the street agent and agree to act in the firmed that the change (a) was/were authors of the street agent and agree to act in the firmed that the change (a) was/were authors of the street agent and agree to act in the firmed that the change (a) was/were authors of the street agent and agree to act in the firmed that the change (a) was/were authors of the s	M0500005833  4. Document number  ent and the registered office address as shown on the records of the  CTCorporation System  Name  1200 South Pine Island Road  Address  Plantation, FL 33324  City, State and Zip  Now registered agent and/or office:  Corp Direct Agents, Inc.  Name  515 East Park Avenue  Florida street address (P.O. Box NOT acceptable)  Tallahassee, FL 32301  City, State and Zip  not organized under the laws of the State of Florida, it is hereby a changes are made, the Florida street address of the registered office stered agent will be identical. Or, in the case of a Florida limited infirmed that the change(a) was/were authorized by an affirmative vote of ty company or as otherwise provided in the articles of organization or inted liability company.  Applicability company.  Interned that the change (a) was/were for the first agree to conto the proper and complete performance of my duties, and I am familiar we tim as registered agent as provided for in Chapter 608, R.S. On if this document the registered office address, I hereby confirm that the limited liability of this change.