## M01000005553

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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SECRETARY OF STATE

**S Warren** DEC 0 5 2016



CSC WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 30, 2016

Order#: 385527-005

Re: PREFERRED UNLIMITED OF CORKSCREW, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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: PREFERRED UNLIMITED OF CORKSCREW, LLC					
2.	(a)	21751 Corkscrew Road	(b)	One Rad	dnor Corporate Center	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- \		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			_	100 Matso	onford Road, Suite 101	
		Estero, FL 33928	_	Radnor, P	A 19087	
		09/14/2007	_	M0700000		
3.		Date of filing/registration in Florida	4.	I	Document number	
5.	(a)	C T Corporation System				
		Registered Agent and Registered Office shown on the records of the	e Florida l	Dept. of State:		
1200 South Pine Island Road						
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
					7216 - T	
		Plantation , FL_	33324		THE -2 P	
	(b)	Corporation Service Company			m c	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered O	Office add	ress:	P # OF STA	
		1201 Hays Street			TATE ORIDA	
		NEW Registered Office Address:				
		Tallahassee .FL	32301			
the ag wa	e cha ent v is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liability from the case of the members of class of organization or the operating agreement of the liability	s of the S he regist pility cor the limi mited li	ered office npany, it is ted liability ability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
_	Signat	are of a member or authorized representative of a member	3111 0		Printed or typed name of signee	
pr the to no	ovisi e obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.	erforma for in C ereby co	nce of my d hapter 605, nfirm that th	uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Si	gnatu	e of Registered Agent Corporation Service Company	BY: Sy	Ivia Quepp	et, Asst. Vice President	