## M080000340

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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**TO:** Registration Section Division of Corporations

SUBJECT: PK Management 1, LLC		
	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
• Robert Kriensky		
(Name of Person)	<del></del>	
PK Management, LLC		
(Firm/Company)		
15301 Ventura Blvd., Suite B-570		
(Address)	<del></del>	
Sherman Oaks CA 91403		
(City/State and Zip Code)		
For further information concerning this matter, p	blease call:	
to turner mornation concerning and matter, p	7,0000 00.11	
Robert Kriensky at		
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
	☐ \$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 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.

1. Name of the limited liability company: PK Manag	ement 1, LLC
2. (a) Principal office address of limited liability compa	ny: 15301 Ventura Blvd Suite B-570
(Note: MUST BE STREET ADDRESS)	Sherman Oaks CA 91403
(b) Mailing address of limited liability company:	15301 Ventura Blvd., Suite B-570
(Note: MAY BE POST OFFICE BOX)	Sherman Oaks CA 91403
1/15/2008	M0800000340
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road
	Plantation, FL 33324
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3101 N.E. 15th Street
<b>NEW</b> Registered Office Address:	
(MUST BE FLURIDA STREET ADDRESS)	Gainsville,FL_32609
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	reet address of the registered office and the business c case of a Florida limited liability company, it is d by an affirmative vote of the members of the limite
Robert Kriensky, Manager (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect donfirm that the limited liability dompany has been notified.	
(Signature of Registered Agent)	DEC .
Division of Corporations, P.O. Bo FILING FE	ox 6327, Tallahassee, FL 32314
INHS18 (05/08)	60 <b>8</b>