## M1000000679

(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:						

Office Use Only



700336030967

11/04/19--01014--013 \*\*25.00

23:1 H4 4- 40N 8162

C GOLDEN

120 - 6 2019

INHS18 (2/14)

## COVER LETTER

TO:	Registration Section Division of Corporations	•				
SUBJ	Pennington Development Investment, LLC					
	Name o	f Limited Lia	bility Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Office	Change and fo	ee(s) are submitted for filing.			
Please	return all correspondence concerning this m	natter to the fo	ollowing:			
Glen	n Pollack					
	Name of Person		_			
Penr	nington Development Investment, LLC					
	Firm/Company		<del></del>			
600 \$	Superior Ave. East, Suite 1800					
	Address		_			
Cleve	eland, Ohio 44114					
	City/State and Zip Code		_			
gcp@	candlewoodpartners.com					
	E-mail address: (to be used for future annual	report notific	eation)			
For fu	rther information concerning this matter, ple	ase call:				
Glen	n Pollack	216	472-6666			
	Name of Person	\	Area Code & Daytime Telephone Number			
Registration Section Registration of Corporations Div Clifton Building P.C.		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314				
	Enclosed is a check for the following an	losed is a check for the following amount:				
	<b>☑</b> \$25 Filing Fee	□ \$55	☐ \$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. Na	ame of the limited liability company: Pennington De	evelop	ment I	Investment, LLC	
2. (a)	600 Superior Ave East, Suite 1800	(b	(b) 600 Superior Ave East, Suite 1800  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*			
	Cleveland, Ohio 44114	_	Cleve	reland, Ohio 44114	
	2/11/2010	_	M100	00000679	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Stanley Pollack				
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of	f State:	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2	<b>~</b> .	
	3680 Bay Creek Dr.				
	Bonita Springs	34134		1- hundeleiz	
				<del>1</del>	
(b)				PH , L'I	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	<u>iress</u> :	= 0	
				25	
	NEW Registered Office Address:		•		
	4301 Lakewood Dr.				
	Deiray Beach, FL_	33445			
the cha agent v was/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liagreement.	the regist bility economic the limited l	stered or impany, ited liab iability	office and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in a company.	
Signat	ture of a member or authorized representative of a member	Gie	nn C. I	Pollack  Printed or typed name of signee	
I herel provisi the obli to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change	re to act perform for in C ereby co	in this ( ince of hapter infirm t	canacity. I further waree to comply with the	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

Signature of Registered Agent