

M11 00000 5423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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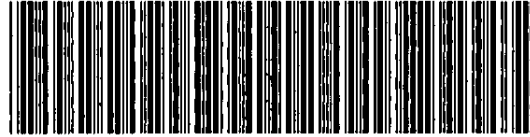
(Business Entity Name)

(Document Number)

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FILED  
16 MAY -5 AM 7:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 06 2016  
J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRIME LEGACY MANAGEMENT, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARILYN KING

Name of Person

PRIME LEGACY MANAGEMENT, LLC

Firm/Company

1225 N. BROAD STREET, SUITE 2

Address

WEST DEPTFORD, NJ 08096

City/State and Zip Code

mking@primelegacymanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARILYN KING

Name of Person

at ( 856 ) 384-2999

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$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. Name of the limited liability company: PRIME LEGACY MANAGEMENT, LLC

2. (a) 1225 N. BROAD STREET  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
SUITE 2  
WEST DEPTFORD, NJ 08096

(b) 1225 N. BROAD STREET  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
SUITE 2  
WEST DEPTFORD, NJ 08096

3. 10/27/2011 Date of filing/registration in Florida

4. M11000005423 Document number

5. (a) CT CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CT CORPORATION SYSTEM  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

JOHN M. PAZ  
NEW Registered Office Address:  
400 5TH AVENUE SOUTH, UNIT #300  
NAPLES, FL 34102

16 MAY -5 AM 7:16  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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.

[Signature]  
Signature of a member or authorized representative of a member

JOHN M. PAZ  
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 605, 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.*

[Signature]  
Signature of Registered Agent

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