DOCUMENT # M9900000187 1. Entity Name						FILEC)			
PALM BAY ASSOCIATES, LLC					01 APR 18 PM 2: 45					
Principal Place of Business Mailing Address						SECRETARY OF STATE				
		•				TALLAHASSEE	. FLORI	UA		
	Place of Business WEEN HILLS VILLAGE Tor.	3. Mailing Address 3841 Green Hils village Dr. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Su	ite 400	Suite	400				- 114 11 113 3		- lind Fa	
City & Sta	hvilleTN	City & State Va Shville	- TN		4. FEI N	1-177088°	2	_ 	oplied For ot Applicable	
zip 37	215 Country	^{zip} 37215	Coun	try	5. Certifi	icate of Status Desired		\$5.00 Add ee Require		
	6. Name and Address of Currer	nt Registered Agent			7. Name	and Address of New Re	gistered A	gent		
	Jack B Spice	a		Name _						
Jack B. Spira 5205 Babcock Street NE Palm Bay FL 32905			ΙE	Street Addres	ss (P.O. Box Nu	umber is Not Acceptable)				
				City .	City FL Zip Code					
								_		
8. The above	named entity submits this statement	for the purpose of changing	g its registere	ed office or regis	stered agent, o	r both, in the State of Flori	ida.			
	e named entity submits this statement	for the purpose of changing	g its registere	ed office or regis	stered agent, o	r both, in the State of Flori	ida.			
8. The above	e named entity submits this statement Signature, typed or printed name of registered age			ed office or regis d Agent signature requ			DATE			
		ent and title if applicable.	(NOTE: Registerer	d Agent signature requ	uired when reinstating					
		ent and title if applicable.	(NOTE: Registerer	d Agent signature requ	uired when reinstating					
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registerer	d Agent signature requ	uired when reinstating		DATE			
SIGNATURE 9. TITLE	Signature, typed or printed name of registered age MANAGING MEM	FILE Make Check IBERS/MEMBERS	(NOTE: Registered E NOW!!!. C Payable to 10. TITLE	d Agent signature requ FEE IS \$50.0 Department	uired when reinstating	g)	DATE CHANGES	☐ Change	Addition	
SIGNATURE	Signature, typed or printed name of registered age MANAGING MEM Member Newton Oldacre Managing Member	FILE Make Check IBERS/MEMBERS Delete	NOTE: Registered NOW!!! (Payable to 10.)	d Agent signature requ FEE IS \$50.0 Department	uired when reinstating	g)	DATE CHANGES	☐ Change	Addition	
9. TITLE	MANAGING MEM Member Newton Oldacre Mer 3841 Green Hills Vi Nashville TN 376	FILE Make Check IBERS/MEMBERS Delete Donald, LLC IIage Dr Ste	(NOTE: Registered E NOW!!! . C Payable to 10. TITLE NAM STRE	d Agent signature required to the signature of the signat	uired when reinstating	a) ADDITIONS/C	DATE			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEM Member Newton Oldacre Mer 3841 Green Hills Vi Nashville TN 375	FILE Make Check BERS/MEMBERS Delete Donald, LLC 11490 Dr Ste	(NOTE Registere NOWIII Payable to 10. TITLE NAM STRE CITY TITLE	d Agent signature requirements of the property	uired when reinstating	a) ADDITIONS/C	DATE	7 2 4 1096-	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEM MEMber Newton Oldacre Mer 3841 Green Hills VI Nashville TN 37 Member Phoenix Associates	FILE Make Check IBERS/MEMBERS Delete Donald, LLC 11490 Dr Ste	(NOTE Registere NOW!!! (Payable to 10. TITLE NAM STRE CITY TITLE NAM	d Agent signature requirements of the property	uired when reinstating	ADDITIONS/C 40004 -114/25	DATE	7 2 4 1096-	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEM Member Newton Oldacre Mer 3841 Green Hills Vi Nashville TN 375	FILE Make Check IBERS/MEMBERS Delete Donald, LLC 111age Dr Ste 4 215 Delete Square Court #	(NOTE Registere NOWIII. Payable to 10. TITLE NAM STRE CITY TITLE NAM STRE STRE	Department Department ADDRESS ST-ZIP	uired when reinstating	ADDITIONS/C 40004 -114/25	DATE CHANGES 5/01(7 2 4 1096-	Addition	
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Mark McDonald Member, manager, or authorized representative

SIGNATURE: SIGNATURE SIGNATURE OF SIGNATURE

CR2E083 (11/00)

(U15)2109-5444 Daytime Phone #

J.10.01