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| PICK-UP WAIT MAIL | | | | | | | |
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| (Business Entity Name) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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SECRETARY OF STATE

D. BRUCE MAY 30 2017



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: May 24, 2017

Order#: 656821/015

Re: PGM INDUSTRIAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Rachel O'Hayer c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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

FILED &

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. N | ame of the limited liability company: PGM INDUSTR | RIAL, LLC | | | | | |
|---|--|---|--|---|---|--------------------------|--|
| 2. (a) | 13218 WEST BROWARD BOULEVARD | (b) | 13218 | WEST BROWARD B | 3OULE | VARD | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | - | address of limited liability company: E: MAY BE POST OFFICE BOX) | | |
| | PLANTATION, FL 33325 | | PLANTA | ATION, FL 33325 | | | |
| | 07/07/2014 | | L140001 | 06936 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (a) | Peter C Gardner | | | | | | |
| ` ' | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of Stat | e: | | | |
| | 13218 WEST BROWARD BOULEVARD | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | | SECF | - | | | |
| (b) | PLANTATION , FL | 33325 | | KETARY NHASSE | 2021 HAY 26 | FILED | |
| | Corporation Service Company | | | | ס | П | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1201 Hays Street | STATE | D: 35 | 0 | | | |
| | NEW Registered Office Address: | | | _ | | | |
| | Tallahassee .FL | 32301 | | _ | | | |
| the ch agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | vs of the state the registrability conference of the limi | ered office npany, it i ted liabilit | e and the business of s hereby confirmed to sy company or as other | fice of hat the | the registered change(s) | |
| | Matthew Hawkins | Mattl | new Hawki | ins, Authorized Perso | | | |
| I here provis the ob to mer notifie | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a complete to the proper and complete ely reflect a change in the registered office address, I have a complete to the proper address and the proper and complete address and the proper | | | Printed or typed name of acity. I further agree duties, and I am family, F.S. Or, if this doc the limited liability of the property, Assistant Vice | e to con iliar wi cument compan | | |
| . | c corporation ser wee company | <i>D</i> 1, OI | . IXII | ioj, rissisiani vice | 110310 | CIII | |

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