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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Pine Hill Service Enterprises, L	LC	
		lame of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the fo	ollowing:
Matthe	w Setzer		
	Name of Person		_
Pine H	ill Service Enterprises, LLC		
	Firm/Company		_
3451 S	Swanee Rd		
	Address		_
Port C	harlotte, FL 33980		
	City/State and Zip Code		_
Pinehil	lenterprises@gmail.com		
Е	-mail address: (to be used for future a	innual report notific	ration)
For fur	ther information concerning this matt	er. please call:	
Matthe	w Setzer	239 at (920-1400
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the followi	ng amount:	
	■ \$25 Filing Fee	□ \$5:	5 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	me of the limited liability company: Pine Hill Service	Enter	oris ——	es LLC 		_
2.	(a)			(b)			
. ,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`	,	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		3451 Swanee Rd.			3451 Swar	nee Rd.	
		Port Charlotte, FL 33980	_		Port Charle	otte, FL 33980	_
		09/18/2019		l	.19000228	562	
3.		Date of filing/registration in Florida	4.	-		Document number	
5	(2)	Northwest Registered Agent LLC					
5. (a)		Registered Agent and Registered Office shown on the records of the Northwest Registered Agent LLC	he Flor	ida	Dept. of State	: :	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		7901 4th St N Ste 300				~~	
		St. Petersburg	33702			2020 JUi' 22	
		, FL					
(b)	(b)					22	
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:		
		Matthew Setzer				M 9: 5	
		NEW Registered Office Address:				<u> </u>	
		3451 Swanee Rd					
	Port Charlotte, FL	33980	1				
cha age wa	ange ent v is/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	registe bility of the li imited	rec cor mi I li	d office and npany, it is ted liability ability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	ie
	VW		<u>M</u>	attl	new Setzer		_
pro the to no	nerel ovisi obli meyt pifica	we of a member or authorized representative of a member by accept the appointment as registered agent and agreen of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address. I have it in the proper and complete in the registered office address. I have it in the proper address of the properties of the properties of the properties of the properties and the properties of the prope	ve to a perfori for in ereby	ct na co	in this capa nce of my d hapter 605, njirm that t	Printed or typed name of signee city. I further agree to comply with the luties, and I am familiar with and accept. F.S. Or, if this document is being filed he limited liability company has been	e e e

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