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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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COVER LETTER

TO:	Registration Section				* 2					
	Division of Corporations				.k					
SUBJ	ECT: PVE, LLC.									
	Name of Limited Liability Company									
Dear S	Sir or Madam:									
The er	nclosed Registered Agent/Registered Off	fice Change	and fe	e(s) are submitted f	or filing.					
Please	return all correspondence concerning th	is matter to	the fo	llowing:						
Jame	es Connolly									
	Name of Person	_		_						
Hart	oor Compliance									
	Registration Section Division of Corporations SUBJECT: PVE, 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: James Connolly Name of Person Harbor Compliance Firm/Company 1830 Colonial Village LN Address Lancaster, PA, 17601 City/State and Zip Code Corporate@harborcompliance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Connolly Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 S25 Filing Fee 1 \$55 Filing Fee & Certified Copy									
183	0 Colonial Village LN			_						
	Address									
Land	caster, PA, 17601			_						
	City/State and Zip Code									
•	•									
- 1	E-mail address: (to be used for future and	nual report	notifica	ation)						
For fu	rther information concerning this matter	, please cal	l:							
Jame	s Connolly	_{at (} 717	,	, 431-9130						
	Name of Person			Area Code & Dayti	me Telephone Number					
	STREET/COURIER ADDRESS:		MAI	LING ADDRESS:						
Registration Section Registration										
	Division of Corporations Division of Corporations		5							
			Talla	hassec, Florida 323	14					
	Enclosed is a check for the following	g amount:								
	S25 Filing Fee	(3 \$ 55	Filing Fee & Certif	icd Copy					
INHSI	8 (2/14)									

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: PVE, LLC		<u> </u>				
2. (a)	WATERFRONT CORPORATE PARK III	.1	(b) WATER	FRONT CORPO	ORATE F	PARK III	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	2000 GEORGETOWNE DRIVE, Suite 101		2000 GE	ORGETOWNE	DRIVE,	Suite 10	
	SEWICKLEY, PA 15143	_	SEWICK	LEY, PA 15143			
	11/29/2010		M10000	005201			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	NRAI SERVICES, INC						
J. (u)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of State	· ::			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET A						
	Plantation, FL	3332	4				
(b)	Registered Agents Inc.						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office a	ddress:				
	7901 4th St N					2	
	NEW Registered Office Address:			•		021	
	STE 300					2021 JAH 27	
	St. Petersburg ,FL	3370)2)]]	
the cha agent w was/we the artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	the regibility of the li	sistered office company, it is mited liability	and the business of thereby confirmed to company or as other pany.	office of the	that Her ic registere hange(8)	
Signat	ure of a member or authorized representative of a member			Printed or typed name	of signee		
provision the obli to mere	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a Bill Havre - Assistant	perfori for in ereby	nance of my o Chapter 605 confirm that i	luties and Lam far	niliar with	and acce.	

Signature of Registered Agent