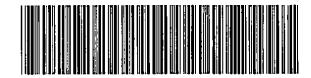
## L06 000036576

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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R. WHITE
JUL 10 2019

## COVER LETTER

TO: Registration Section

Divi	ision of Corporations				
SUBJECT:	PMC PLANTATION, LLC				
SUBJECT:	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclose	d Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.		
Please return	n all correspondence concerning th	nis matter to the fo	ollowing:		
Spencer A	Angel				
	Name of Person		<del>-</del>		
	Firm/Company		_		
11211 SW	V 152ND ST		_		
	Address				
Miami, Flo	orida 33157				
	City/State and Zip Code	·	_		
sangel@p	ppmcr.com				
E-mail	address: (to be used for future an	nual report notific	cation)		
For further i	nformation concerning this matter	, please call:			
spencer a	ngel	305	255-1355		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	Enclosed is a check for the following amount:				
<b>☑</b> \$	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy		
INHS18 (2/14	<b>4</b> )				

## 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.

L N	ame of the limited liability company: PMC PLAN	NTATION,	LLC
2. (a)	PMC PLANTATION, LLC	(b	PMC PLANTATION, LLC
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del> `	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	11211 SW 152nd street		11211 SW 152nd street
	Miami, Fl 33157		Miami, FI 33157
	04/07/2006		_06000036576
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Spencer Angel		
<i>D</i> . (0)	Registered Agent and Registered Office shown on the records	s of the Florida	Dept. of State:
	Registered Office Address	ET ADDRESS	
	80 S.W. 8TH STREET, SUITE 2000		
	Miami	FL 33130	2019
(b)	Spencer Angel	<del></del>	2019 JUL -
	Enter name of NEW Registered Agent and/or NEW Register	ered Office add	
	NEW Registered Office Address:		
	11211 SW 152nd street		, то со
	Miami	FL 33157	
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are anotherized by an affirmative vote of the member of organization or the operating agreement of	e laws of the s of the regis d liability co ers of the lim the limited l	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Steri	ature of a member or authorized tepresentative of a member		Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and completions of my position as registered agent as prover reflect a change in the registered office address of in writing of this change.	lete performe ided for in C	ence of my duties, and I am familiar with and accept Chapter 605, F.SOr, if this document is being filed

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

Signature of Registered Agont