

LOG 000122717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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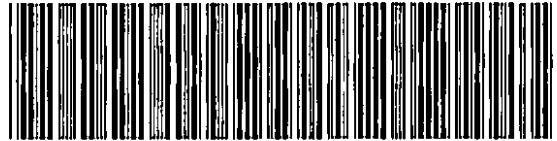
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JUL 26 2021

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PMC/STUART DEVELOPER, 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:

Adam Klauber, Esquire

\_\_\_\_\_  
Name of Person

Klauber Goldman, P.A.

\_\_\_\_\_  
Firm/Company

8751 West Broward Boulevard, Suite 410

\_\_\_\_\_  
Address

Plantation, Florida 33324

\_\_\_\_\_  
City/State and Zip Code

aklauber@klaubergoldman.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Klauber

954

424-9666

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 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. Name of the limited liability company: PMC/STUART DEVELOPER, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

1608 Walnut Street

Philadelphia, PA 19103

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

1608 Walnut Street

Philadelphia, PA 19103

12/28/2006

L06000122717

3. Date of filing/registration in Florida

4. Document number

5. (a) Daniel Rothschild

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1776 N. Pine Island Road, Suite 224

Plantation, FL 33322

(b) Klauber Goldman, P.A.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Adam Klauber, Esquire

NEW Registered Office Address:

8751 West Broward Boulevard, Suite 410

Plantation, FL 33324

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TALLAHASSEE, FL  
STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

ADAM KLAUBER  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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