703355	
(Requestor's Name) (Address) (Address)	600391520166
(City/State/Zip/Phone #)	07/25/2201022023 ++85.00
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2022.11 25 71 9:33
Office Use Only	
	(10/22/2022

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: PIN-GRO-VIL INC Name of Corporation

DOCUMENT NUMBER: 703355

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person
Associated Corporate Services, LLC
Firm/Company
6111 Broken Sound Parkway NW
Address
Boca Raton, FL 33487
City/State and Zip Code
lwilder@ssclawfirm.com
Iwilder@ssclawfirm.com -mail address: (to be used for future annual report notifi

For further information concerning this matter, please call:

Len Wilder

.

Name of Contact Person

_ at (561) 237-6844 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	the corporation: PIN-GRO-VIL INC	
2. The principal	office address: 8934 Cypress Street, Boynton Beach, FL 33436	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: February 1, 1962 Document number: 703355	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Kaye Bender Rembaum, P.L.	<u>(1)</u>
	1200 Park Central Blvd. South	2022
	Pompano Beach, FL 33064	. 25
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		61 9:
	Associated Corporate Services, LLC	ယ ယ
	6111 Broken Sound Parkway NW, Suite 200	
	P.O. Box NOT acceptable	
	Boca Raton, FL 33487	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Vice Res.

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 obligation of my position as registered agent. Or, if this document is being filed mereby to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

Signifiate of Registered Agent

If signing on behalf of an entity:

Len Wilder

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314