## F54014

(Requestor's Name)				
(Address)				
(Address)				
(Nodress)				
(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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SECRLIANT OF STATE
FALLAHASSES FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations <sub>SUBJECT:</sub> PMC Homestead, Corp. Name of Corporation F54014 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: Spencer Angel Name of Contact Person Firm/Company 11211 SW 152nd street Miami, FI 33157 City/State and Zip Code sangel@ppmcr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Spencer Angel Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	inge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of gistered agent, or both, in the State of	f Forida	
1. The name of t	the corporation: PMC Homester	ad, Corp.		
		nd Street, Miami, Florida 33	157	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 11/05/198	1 Document number: F540	14	
5. The name and Florida Depar	I street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file v igned)	with the	
	Spencer Angel			
	80 SW 8th Street, Ste 200	0	_	
	Miami, Florida 33130		- -	
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered o	red office: L	
	Spencer Angel		SSET -5	
	· —			
	P.O. Box NOT acceptable		- 70D;	
	Miami, Florida 33157	ed the	<u>.                                      </u>	
The street addre as changed will	ss of its registered office and the str be identical.	eet address of the business office of i	ts registered agent,	
Such change wa authorized by th	s authorized by resolution duly adore e board, or the corporation has been	nted by its board of directors or by an notified in writing of the change.	officer so	
Signatur	Spencer Angel  Printed or typed name and title			
I hereby accept I further agree t performance of l agent. Or, if thi,	the appointment as registered agent	and agree to act in this capacity, tatutes relative to the proper and cond accept the obligation of my position of the change in the registered of its		
Am	~ /5/	6/26/19		
	ature of Registered Arout	Date		
If signing on beh	•			
Spencer An	gel ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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