DAWBOOL

| (Requestor's Name) | | | | | |
|---|--------------------|------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Pertified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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JUL 02 2019

R. WHITE

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2014

SEEMA DESAI 1841 BRIGUTWATERS BLVD NE ST PETERSBURG, FL 33704

SUBJECT: P.P.C., L.C.

Ref. Number: L02000024921

We have received your document for P.P.C., L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 514A00012780

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: P.P.C. L.C. Name of Limited Liability Company | | | | | |
| 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: | | | | | |
| Seema Desai. | | | | | |
| Name of Person | | | | | |
| Firm/Community | | | | | |
| Firm/Company | | | | | |
| 1841 Brightwater BIVA NE | | | | | |
| St. Petersburg FL 33704. City/State and In Code Seemadesa @ 9 mail. (om | | | | | |
| Seemaless (a) Amail. (om E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Seema Desai at (727) 688 - 8455 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy | | | | | |

INHS18 (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: P.P | .C L. | <u>C.</u> | |
|---|---|---|---|--|
| 2. (a) | Principal office address of limited liability company: | (b) | | imited liability company: POST OFFICE BOX) |
| | (<u>Note: MUST BE STREET ADDRESS</u>) | . | (Note: MATBE | POST OFFICE BOX |
| 3. | 9 12412002 Date of filing/registration in Florida | 4. | LO 20 | 0002492 |
| 5. (a) | CORPORATION Service: Com. Registered Agent and Registered Office shown on the records of the | nach y te Florida Pept. of S | State: | |
| | Registered Office Address (MUST BE FLORIDA STREET A) | DDRESS) | | |
| | TALIAHASSEE ,FL | | 2525 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Co. | Office address: | _ | 22: A |
| | NEW Registered Office Address: | NE_ | | |
| 10.0 . 1 | 1841 Brignwaters BIVO St-Petersburg FL | , | | |
| the cha agent v was/wa | mited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I | he registered of bility company, the limited liab | fice and the busine it is hereby confirn ility company or as | ss office of the registered ned that the change(s) |
| Signa | ture of a member or authorized representative of a member | Six | ma Desn Printed or typed n | |
| I here provisi the obl to mero notified | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I had in writing of this change. | ee to act in this c performance of r for in Chapter (ereby confirm th | capacity. I further ny duties, and I am 605, F.S. Or, if thi nat the limited liabi | agree to comply with the familiar with and accept s document is being filed lity company has been |
| Signatu | re of Registered Agent | | | |