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Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	





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SEGRETARY OF STATE TALLAHASSEE, FLORIBA

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COVER LETTER

TO:

Registration Section

Division of Corporations

P & D Management 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:

Prasad Valay

P & D Management LLC

Firm/Company

1307 S International Pkwy, Unit 2061

Address

Lake Mary, FL 32746-1414

City/State and Zip Code

ierry@cyberbesttech.com

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

For further information concerning this matter, please call:

Jerry Oyler

at (407) 732-6993 X 13

Name of Person

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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&D Management LLC				
2 ()	D 1 1 1 60 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 2004 Emerald Estates Cir			
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Apopka, FL 32703			
	(NOIE. MOST BE STREET ADDRESS)	<u> </u>			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	604 Courtland Street				
	Suite 121 Orlando, FL 32804				
		Ollando, PE 32004			
02/15/20	006	L06000017090	Z.,	<u>~</u>	
3. Da	ite of filing/registration in Florida	4. Document number	ro en	===	
.,			> ;::	3	4" <u>4</u> 5
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida	Depts of	State:	#4A.*
•			S/22	_	<u>)</u>
	Registered Agent:	Valay, Durga			g-aa
	Davistand Office Address	3924 Emerald Estates Cir	四湯		,
	Registered Office Address:	Apopka FL 32703	75 E;	••	
			च्चेल	-	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office add	ress:		
	NEW Registered Agent:	Valay. Durga			
	NEW Registered Office Address:	1307 S International Pkwy, Unit 2061			
	(MUST BE FLORIDA STREET ADDRESS)				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lake Mary	,FI	32746-14	414
confir and th liabili the m the or	limited liability company is not organized under the lamed that after the change or changes are made, the Flate business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the ical. Or, in the case of a I was/were authorized by a	e register Florida li an affirm	ed offi imited iative v	ote of
Durga V Printed	alay I or typed name of signee	-			
I hero compl and I Chapt addre	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po ter 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacit oper and complete perfori sition as registered agent rely reflect a change in th has been notified in writ	y. I furth nance of as provi ne registe ting of th	her agr f my du ided foi ered off is char	ree to ties, r in fice ige.

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

Signature of Registered Agent