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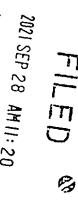
(Requestor's Name)						
(Address)						
(Address)						
(1831635)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(233,1000 2,100,100,100,100,100,100,100,100,100,10						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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LAW OFFICES

FRANK J. GRECO, P.A.

A FLORIDA PROFESSIONAL ASSOCIATION 143 E. DAVIS BLVD. UNIT 4 TAMPA FLORIDA 33606 TELEPHONE: (813) 287-0550

Email: fgrecolaw@verizon.net

September, 2021

Division of Corporations
Regulatory Specialist II- Catherine M Brumbley
2415 N. Monroe Street Suite 810
Tallahassee, Florida 32303
Overnight Delivery

RE: Change of Registered Agent Address

NAME OF ENTITY: Private Client Services Group, LLC

Letter Number: 421A 00021478

Dear Ms. Brumbley

Thank you for your recent correspondence regarding the referenced entity. For easy reference, enclosed please find a copy of your letter.

In response to your correspondence, I file the enclosed Statement for Change of Registered Agent Address for Limited Liability Company.

Please note the registered agent remains the same for each entity and **only the address** of the registered agent has changed.

Please also note the filing fee for this entity was previously remitted.

I thank you in advance for processing the requested change of address and should you have any questions please contact me. Also, please send confirmation of the change to my new address 143 E. Davis Blvd. Unit 4 Tampa, Florida 33606

Very truly yours,

Frank J. Grecovi

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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.

I. N	ame of the limited liability company:	Private	Client	Services	Group, LLC
2. (a)			(b)		,
2. (a)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3909 W. Azeele Street			Same	
	tampa PC3	3609		(-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	11/26/2007			L07000118043	
3.	Date of filing/registration in F	lorida	4.	Document number	
5. (a	Frank J. Gre	Co			
. (**	Registered Agent and Registered Office shown		Florida Dept. of S	tate:	
		DRIDA STREET AD	DRESS)		202
	108 S. Church Ave.				is -n
	Tampa		33609	7	F L
d-X				97.E.	<u> </u>
(b)	Enter name of NEW Registered Agent and/or	NEW Registered O	ffice address:	: 'U2 전환기	ED AMII: 21
					20 %
	NEW Registered Office Address:			_	
	143 E. Davis	Blud., L	INIT4		
	tampa	, , FL	33606		
:hang igent was/w	himited liability company is not organize e or changes are made, the Florida street will be identical. Or, in the case of a Flo were authorized by an affirmative vote of cicles of organization or the operating ago	ed under the laws address of the re orida limited liabi the members of t	gistered office : lity company, i the limited liabi	and the business offic t is hereby confirmed lity company or as ot	te of the registered that the change(s)
				Deintard are typing trans	

Signature of a member or authorized representative of a member

Printed or typed name of signee

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:

Signaturd of Registered Agent