Florida Department of States

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Account Name : TAVISTOCK GROUP Account Number : I20130000052 Phone : (407)909-9957 Fax Number : (407)909-9984

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SECRETARY OF STATE

LLC REGISTERED AGENT CHANGE PCG REO HOLDINGS, LLC

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Corporate Filing Menu

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JUN 06 2019

M. SOLOMON

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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. Na	ame of the limited liability company: PCG RE	O Holdings, LLC		
2. (a)	9350 Conroy Windermere Road	(h) 935	(b) 9350 Conroy Windermere Road	
` ` `	Principal office address of limited fiability company (Note: MUST BE STREET ADDRESS)	y: (0)	Mailing address of limited trability company: (Note: MAY BE POST OFFICE BOX)	
	Windermere, FL 34786	Wind	dermere, FL 34786	
	December 20, 2007	L07	000126070	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Corporation Service Company			
()	Registered Agent and Registered Office shown on the record 1201 Hays Street	rds of the Florida Dept o	f State:	
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	2819	
	Tallahassee	, FL_32301	AHAS	
(b)	National Registered Agents, Inc.		XXX -5	
	Enter name of NEW Rexistered Agent and or NEW Regis	stered Office address:	PH STAIL	
	1200 S. Pine Island Road		호스 등록 <u>=</u>	
	NEW Registered Office Address:			
	Plantation	EI 33324	*************************************	
the cha agent w was/we	imited liability company is not organized under thinge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit tree authorized by an affirmative vote of the membels of organization or the operating agreement of	he laws of the State of ess of the registered of ted liability company pers of the limited lia of the limited liability	flice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in	
_	fure of a member or samorized representantle of a member	-	Printed or typed name of signee	
I herel provision the obli- to mere motified	77W ~ 11 11	ivi, naipii	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed that the limited liability company has been	
ignatu	re of Register Assistan	nt Secretary		
/	Division of Corporations P FILIN	P.O. Box 6327 • Talla	ahassee, FL 32314	