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To:

Division of Corporations

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From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089 Fax Number : (302)674-5266

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Email Address: dmv@potamkinfamily.com

LLC REGISTERED AGENT CHANGE PMC, LLC

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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.

1. N	ame of the limited liability company: PMC, LLC			··· —			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(b)	Mailing address of limits (Note: MAY BE POS	-		_
	5800 NW 171st Street		5800 NW	171st Street			
	Miami, FL 33015		Miami, FI	. 33015			_
	7/23/2008		L08000071	077			
3.	Date of filing/registration in Florida	4 .		Document number			
5. (a)	Dave Yusko						
J. (A)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of Stat	te: .	•		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	22 1	_	Øs Pos	~	
	5800 NW 171st Street				- 42.	021	
	Miami F	L_33015		_		JUN 25	
(N)	NRAI Services, Inc.				3.45 S	2	
(р)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	ddreu:	_	TE DESIGNATION OF THE PERSON O	AH 10: 4	O
	NEW Registered Office Address:			-	\$7.00 m	63	
	1200 South Pine Island Road			_			
	Plantation F	L33324					
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lens authorized by an affirmative vote of the members cles of organization or the operating agreement of the	we of the repliability of the limited	gistered offic company, it i mited liabilit	e and the business o is bereby confirmed ty company or as oth	that the cha terwise pro	registei uige(s)	
I here provisi the obli	the of a member or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete igations of my position as registered agent as provid- ely reflect a change in the registered office address, I d in writing of this change	gree to a e perfor led for in l hereby	nct in this cap mance of my a Chapter 60, confirm that	sacio I harber aun	er to compl	y with t and acc eing fil as been	he epi ed
By:	NRAI Services, Inc.						
	re of Registered Agent						

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

INHS IB (2/14)

PLDIJN - 7/17/2019 Wolton Elever Chillies