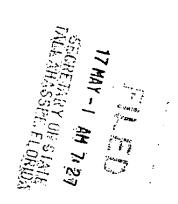
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(Re	questor's Name)				
(Ad	dress)	. <u></u>			
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MAY 0 , 2025 J SHIVERS

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Pro Tool Review	ted Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	o the following:			
Christina Dewer Name of Person				
Pro Tool Reviews, L	LC			
3725 Mythe Hill W	<u>ay</u> , <u>, , , , , , , , , , , , , , , , , ,</u>			
Lakeland, FL 33811 City/State and Zip Code				
E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter, please ca	II:			
<u>Christina</u> DeBoer at (E	363) 393-8111 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.

Name of the limited liability company: _	Pro Too	1 Revi	ews, LLC	
2. (a) 3735 Myrthe Hill Principal office address of limited liabi (Note: MUST BE STREET AD	ility company:	(b) <u>372</u>	Mailing address of limited liab (Note: MAY BE POST OF	Hill Way dity company: FICE BOX)
Laxeland, FL 3	3811	La	Keland, FL:	33811
91,108		L08	00008125	3
3. Date of filing/registration in F	Florida 4	1.	Document number	
5. (a) Clint E DeBoe	<u> </u>		-	
Registered Agent and Registered Office shown	on the records of the F	Torida Dept. of State	e:	
Registered Office Address (MOST BE FLO	OPIDA STREET AND	DECC)	_	
7:37. College Lakeland	- AVE		-	ž
Lakeland	FL	33801	-	7 7
(b)				7 7
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Offi	ce address:	- - 388 - 787	Globania Globania
			يه لد ښ	<b>\$</b> 777
NEW Registered Office Address:			- <u>5</u>	7
3725 Myrtle	14:11 11			100
JIAS HIGHTIE	11111 (	xay	- · · · · · · · · · · · · · · · · · · ·	
Lakeland	. FL	33811		
If the limited liability company is not organize	<del></del>		- orida it is hereby confirm	ned that after
the change or changes are made, the Florida st agent will be identical. Or, in the case of a Fl- was/were authorized by an affirmative vote of	treet address of the lorida limited liabili	registered offic- ity company, it i	e and the business office s hereby confirmed that t	of the registered he change(s)
the articles of organization or the operating ag	greement of the limi	ited liability con	npany.	
Signature of a member or authorized representative of	f a member	Christian	DeGoer Printed or typed name of sig	nec
		o act in this cap	,,	
I hereby accept the appointment as registered provisions if all statutes relative to the proper the obligations of my position as registered as tomeral relative to change in the registered of potified in strike in the status of the status o	r and complete per gent as provided for ffice address, I here	formance of my r in Chapter 603 pby confirm that	duties, ánd I am familiar 5, F.S. Or, if this docume the limited liability comp	with and accept ent is being filed oany has been

Signature of Registered Agent