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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PIAK Flam	me of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	•	
Helen Donnell Name of Person		
Pink Flanings From Firm/Company	LCC	
18848 US Hwy 441 #18 Address	34	
Mount Don FC City/State and Zip Code	32757	
Helma Style E-mail address: (to be used for future ar	Books, com inual report notification)	
For further information concerning this matte	r. please call:	
Heles Donnell	at (407) 497-4890	
Name of Person	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	

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.

L Na	ame of the limited liability company: Pink Flamings F	zm LLC
2. (a)	18848 US Hwy 441 #184 (b)	Sane
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	vialing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Mont Don Fe 32757	
		
	9/24/7008 LOS Date of filing/registration in Florida 4.	000092549
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Hoy7 & Bryan L&C Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	254 Plaza Drive	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u> </u>
	Ovied = FC 32765	5 5 T
	, FL	4 5
		FILED PH BE IT
(b)		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	18848 IS HWV 441 #184	77
	NEW Registered Office Address:	
	MOUNT DOM FL 32157	
	, FL	
the cha agent v was/we	imited liability company is not organized under the laws of the State of Flounge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability company or the operating agreement of the limited liability company.	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in
//	Last of organization of the finite different of the finite diability com	2))000//
Signal	ture of a member or authorized representative of a member	Printed or typed name of signee
I herei	hy accept the appointment as registered agent and agree to act in this capa	icity. I further agree to comply with the

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.

Signature of Registered Agent