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(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Common Limit, France,								
(Document Number)								
Certified Copies Certificates of Status								
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CSC - WILMINGTON 251 Little Falls Drive Wilmington ' De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: November 10, 2020

Order#: 502358/006

Re: PEMBROKE COVE SOUTH LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Matthew Ermak c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: PEMBROKE Co	OVE S	TUO	'H LLC					
2. (a)	801 OLD YORK ROAD		(b) 801 OLD YORK ROAD						
- (w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address (Note: MAY				
	JENKINTOWN, PA 19046	_	-	JENKINT	KINTOWN, PA 19046				
	12/05/2008	_	L	080001 11	1597				
3.	Date of filing/registration in Florida	4.			Document nu	ımber			
5. (a)	NRAI SERVICES, INC								
. (.,	Registered Agent and Registered Office shown on the records of	the Flo	rida E	ept. of Stat	e:				
	1200 South Pine Island Road								
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-		2		
							020		
	Plantation	3332	4		_		AON 0202	*** ji	
	, FL				_		72	Piliprija , Tima in L	
(b)									
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	<u>css</u> :	_		AM 10: 54		
						7.7	Ω ∴		
	Corporation Service Company		_				+		
	NEW Registered Office Address:				_				
	1201 Hays Street								
					-				
	Tallahassee	3230	1						
change agent was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l	ered com imite	office and pany, it is ed liability	d the business s hereby confi y company or	office of rmed that	the reg	istered inge(s)	
	ebbie Downs	D	ebbi	e Downs,	Controller/Au	ıthorized f	Person		
					Printed or typed name of signee				
provis. the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ee to d perfor d for in hereby	nct in mand Chi conj	this cape ce of my a apter 605 firm that t	acity. I furthe duties, and I a , F.S. Or, if the the limited lia	r agree to m familia his docum bility com	comply r with a ent is b pany he	y with the and accept eing filed as been	
Signati	Mace CTWOLE ore of Registered Agent	G	Grac	e E. Kirt	by, Asst. Vid	ce Presid	dent		