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COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJECT: PITCHER PERFECT, LLC									
	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the f	ollowing:						
TERF	RI L. ROMANIK								
	Name of Person		_						
PITC	HER PERFECT, LLC								
	Firm/Company		_						
2511	HOLLYBERRY LANE								
	Address		_						
PALM	1 CITY, FLORIDA 34990								
	City/State and Zip Code		_						
suziro	omanik@yahoo.com								
E	-mail address: (to be used for future and	nual report notific	cation)						
For fur	ther information concerning this matter	, please call:							
SUZI	ROMANIK	248 at (705.4099						
	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	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314						
	Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	□ \$5:	5 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.

1. Name of the limited liability company:							
2. (a)	TERRI ROMANIK	((b) TERRI ROMANIK				
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO					
	4660-C SW PARKGATE BLVD		4660-C SW PARKGATE BLVD PALM CITY, FLORIDA 34990				
	PALM CITY, FLORIDA 34990						
	2/24/2009		L0900001	8427			
3.	Date of filing/registration in Florida	- 4.		Document number			
5. (a)	PITCHER PERFECT, LLC						
J. (a)	Registered Agent and Registered Office shown on the records of TERRI L. ROMANIK	the Florid	la Dept. of State	: ::			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>				
	4660-C SW PARKGATE BLVD						
	PALM CITY, FI	34990)				
(b)	PITCHER PERFECT, LLC				· . •		
(-,	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress:		.25		
	TERRI L. ROMANIK						
	NEW Registered Office Address:				<i>ं</i> ग		
	2511 NW HOLLYBERRY LANE			Nga .	37		
	PALM CITY , FI	34990)				
the cha agent v	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the reg iability of of the line limited	istered office company, it is mited liability liability com	and the business office hereby confirmed that y company or as otherw.	of the registered the change(s)		
Signa	ture of a member or authorized representative of a member			Printed or typed name of sig	nee		
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I a inwriting of this change.	ree to a perfori ed for in hereby	ct in this cape nance of my c Chapter 605 confirm that i	acity. I further agree to duties, and I am Jamilia F.S. Or, if this docum the limited liability com	comply with the r with and accept ent is being filed pany has been		
Signatu	If I Committee of Registered Agent						

Distribution of Comparison of P. D. The SNITE Turnshassee, FI. 32314 FHLTIG. MARKO