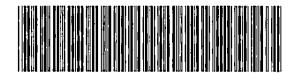
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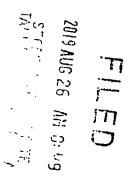
(Ře	equestor's Name)		
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COVER LETTER

ТО:	Registration Section Division of Corporations	*
	1211 sten of Corporations	
SURJ	ECT:	Pinnada Anastasia Group UC
.,01,,,		
Dear S	Sir or Madam:	
The ci	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concernir	g this matter to the following:
	Name of Person	
	Name of reison	
	Dismode Anastraia	Cray U.
	Firm/Company	
	(3720 SW 149th ande	. WHE ATT I NAVY & 33184
-	Address	
	Mani & 33186	Name of Limited Liability Company lam: egistered Agent/Registered Office Change and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Name of Person Parable Archema Cray UC Firm/Company Address Limit & 33.24 City/State and Zip Code S. Harrander of process: (to be used for future annual report notification) rmation concerning this matter, please call: Archamed Agent/Registered Office Change and fee(s) are submitted for filing. Address Limit & 33.24 City/State and Zip Code S. Harrander of the used for future annual report notification) rmation concerning this matter, please call: Archamed Agent/Registered Office Change and fee(s) are submitted for filing. Address Limit & 33.24 City/State and Zip Code S. Harrander of the used for future annual report notification) rmation concerning this matter, please call: Archamed Agent/Registered Office Change and fee(s) are submitted for filing. Archamed Agent/Registered Office Change and fee(s) are submitted for filing. Limit & 33.24 City/State and Zip Code S. Harrander of the following annual report notification) Archamed Agent/Registered Office Change and fee(s) are submitted for filing. Address Limit & 33.24 City/State and Zip Code S. Harrander of the submitted for filing. Archamed Agent/Registered Office Change and fee(s) are submitted for filing. Address Limit & 33.24 City/State and Zip Code S. Harrander of Person Archamed Arc
	City/State and Zip Co	de
	W	_
For fu	orther information concerning this ma	ntter, please call:
	Devero Hermite	
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS	: MAILING ADDRESS:
	Registration Section	
	Division of Corporations	
	Clifton Building	
	2661 Executive Center Circle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301	
	Enclosed is a check for the follo	wing amount:
	D \$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:	Pire	rade Aristica Greep uc	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>ft 33</u> 186(h) <u>1</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	<u>air</u> F13.
See Mark		Sev Na.re	
0102 50 2010		W0000033041	
. Date of filing/registration in Florida	4.	Document number	
(i) Some Harrane			
Registered Agent and Registered Office shown on the record 10861 Sル いられる STRE Registered Office Address (MUST BE FLORIDA STRE	ier	Aponed State: Aponed State: 10 Aponed State: 11 Aponed State: 11 Aponed State: 12 Aponed State: 13 Aponed State: 14 Aponed State: 15 Aponed State: 16 Aponed State: 17 Aponed State: 18 Aponed State:	1=
muni	,FL <u>33Ω</u>		η. Ο
(b) Service Hueraporez			
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>		<u>s</u> :	
13720 Sw 149th circle	, work		
NEW Registered Office Address:			
APT 1			
alvani	, FL <u>33</u> 136	<u> </u>	
the limited liability company is not organized under the change or changes are made, the Florida street addressent will be identical. Or, in the case of a Florida limite as/were authorized by an affirmative vote of the member articles of organization of the operating agreement of	ss of the registere ed liability compa ers of the limited	ed office and the business office of the regis pany, it is hereby confirmed that the change(d liability company or as otherwise provided	stered s)
Signature of a member or authorized representative of a member	· ———	Printed or typed name of signee	
hereby accept the appointment as registered agent and comprovisions of all statutes relative to the proper and composition as registered agent as providently reflect a change in the registered office addressified in writing of this change.	l agree to act in t dete performance vided for in Chap s, I hereby confi	this capacity. I further agree to comply wittee of my duties, and I am familiar with and a opter 605, F.S. Or, if this document is being irm that the limited liability company has be	h the eccept filed en
ignature of Registered Agent	•		