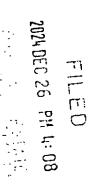
L1000010011A

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE DEC 27 2024

Office Use Only



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2024 DEC 25 TM 9: 32

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/20/2024	
Name:	Cheyanne Davis	_
Reference	#:2597601	
	ne:PEEL PRO	OPERTIES, LLC
☐ Artic	cles of Incorporation/Authorization	to Transact Business
Ame	endment	
√ Cha	ange of Agent	
☐ Reir	nstatement	
☐ Con	nversion	
☐ Mer	·ger	
☐ Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Othe	er	
Authorized	Amount: \$25	
Signature:	Oryma Paine	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	12/20/2024	
Name:	Cheyanne Davis	_
Reference #:	2597601	_
	PEEL PRO	OPERTIES, LLC
☐ Article	es of Incorporation/Authorization	to Transact Business
Amen	dment	
✓ Chang	ge of Agent	
☐ Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount: \$25	.
Signature:	Unyme Paine	

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: PEEL P	ROPERT	IES, LLC		
2. (a)	4520 EAST MEST HMV STE 200	(h)	4520 EAS	20 EAST WEST HWY, STE 200 Mailing address of limited liability company. (Note: MAY BE POST OFFICE BON)	
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(**,	Mi		
	BETHESDA MD 20814		BETHE	SDA MD 20814	
	9/27/2010		L	.10000100769	
3.	Date of filing/registration in Florida	4.	I	Document number	
5. (a	LYNN. SANDRA T				
,,,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State		
	7 BARRACUDA LN				. 101
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>			PILED PH 4: 08
	KEY LARGO . FI	33037	•		o m P
(b)	Cogency Global Inc.				
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				6
	115 North Calhoun Street, Suite	4			
	NEW Registered Office Address.				
		32	301		
the chagent was/w	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regist lability cor of the limi	ered office a upany, it is l ted liability	and the business off hereby confirmed the company or as othe	ice of the registered at the change(s)
	/s/ Eleanor Wells			Eleanor Wells	
_	ature of a member or authorized representative of a member			Printed or typed name o	
provis the of to mei notific	chy accept the appointment as registered agent and agentions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I are writing of this change. I'm Mayville, Assistant Secretary	2147276 1373377	nee of nor di	uties ana Lam tami	liar with and accent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent