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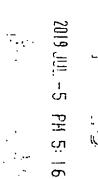
(Requestor's Name)				
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(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	e)		
		<i>,</i>		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO:

Registration Section

Divi	sion of Corporations			
SUBJECT:	PMC KENDALL, LLC Name of Limited Liability Company			
SUBJECT:				
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.	
Please return	nall correspondence concerning th	is matter to the fo	ollowing:	
Spencer A	Angel			
	Name of Person		_	
	Firm/Company		_	
11211 SW	/ 152ND ST		_	
	Address			
Miami, Flo	orida 33157			
-	City/State and Zip Code	.	-	
sangel@p	pmcr.com			
E-mail	address: (to be used for future and	nual report notific	ation)	
For further in	nformation concerning this matter.	, please call:		
spencer ar	ngel	305	255-1355	
	Name of Person		Area Code & Daytime Telephone Number	
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building I Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enc	losed is a check for the following	amount:		
2 \$2	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.

1. Na	une of the limited liability company: PMC KEND	ALL, LLC	
2. (a)	PMC KENDALL, LLC	(b)	PMC KENDALL, LLC
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11211 SW 152nd street		11211 SW 152nd street
	Miami, FI 33157		Miami, FI 33157
	03/01/2000	L	10000104111
١.	Date of filing/registration in Florida	4.	Document number
i. (a)	Spencer Angel		
	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:
	Registered Office Address	T ADDRESS)	
	80 S.W. 8TH STREET, SUITE 2000		
	Miami	_{FL} 33130	2019 JUL
(b)	Spencer Angel		
` ,	Enter name of NEW Registered Agent and/or NEW Register	ed Office addr	PSS: - , t :
			ess: 5, 5
	NEW Registered Office Address:	···-	
	11211 SW 152nd street		
	Miami	_{FL} 33157	
he cha gent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are addrorized by an affirmative vote of the members of organization or the operating agreement of the	of the registe liability con s of the limit	ered office and the business office of the registere pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
<u> J.</u>	and the	Sper	cer Angel
/S/gnat	ture of a member or authorized representative of a member		Printed or typed name of signee

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