## L10 000 124806

(Requestor's Name)
( to question of the terms)
(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:





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## **COVER LETTER**

	gistration Section vision of Corporations				
SUBJECT	P&C Properties One, LLC.				
	ì	Name of Limited Lia	bility Company		
Dear Sir or	Madam:				
The enclos	sed Registered Agent/Registered (	Office Change and fe	ee(s) are submitted for filing.		
Please retu	rn all correspondence concerning	this matter to the fo	Howing:		
Trevor Bre	wer				
	Name of Person		_		
BrewerLor	ng PLLC				
,,,,	Firm/Company		_		
620 N. Wy	more Rd Ste 270				
	Address		_		
Maitland F	L 32751				
	City/State and Zip Cod	e	_		
tbrewer@b	prewerlong.com				
E-ma	il address: (to be used for future	annual report notifica	ation)		
For further	information concerning this mat	ter, please call:			
Phillip Mas	si	407 at (	756-4538		
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number		
	ailing Address:		Street Address:		
	egistration Section		Registration Section		
	vision of Corporations		Division of Corporations		
	O. Box 6327		The Centre of Tallahassee		
Та	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
En	closed is a check for the follow	ing amount:			
	\$25 Filing Fee	<b>□</b> \$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.

l. N	ame of the limited liability company:	P&C Properties C	ne, LLC.		
2. (a) 110 Ashford Dr. Winter Springs Ft			(b) 110 A	Ashford Dr. Winter Springs FL 32708	_
(-,	Principal office address of limited I (Note: MUST BE STREET	, , , , , ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
	12/06/2010		L10000	0124806	_
3,	Date of filing/registration i	n Florida	4.	Document number	_
. , .	Thorne & Storey PA				
5. (a)	Registered Agent and Registered Office sho	own on the records of th	e Florida Dept. of	Change register  agut from  Thoma to	- 4
	Registered Office Address (MUST BE)	FLORIDA STREET AL	DDRESS)	Chanse registion	ce
	3191 Maguire Blvd				
	Suite 257			- agut tecm	
	ORLANDO, FL 32803	, FL_			
(b)	BrewerLong PLLC			I home to	
(1)	Enter name of NEW Registered Agent and	Vor NEW Registered C	Office address:	- Bewer Lo	ገር
				_	
		<del></del>		2020 JUH	
	NEW Registered Office Address:	A	• • • • • • • •		:
	620 N. Wyn	10 Q MA S	te 610		-
	Maitlad		SECT :		
:hange :gent v vas/w	or changes are made, the Florida str will be identical. Or, in the case of a	rized under the laws reet address of the re Florida limited liab of the members of	of the State of th	of Florida, it is hereby confirmed that after the earnd the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in company.	÷
Signa	ture of a member or authorized representative	e of a member	-	Printed or typed name of signee	_
rovisi he obl o mer iotified	by accept the appointment as register ions of all statutes relative to the proligations of my position as registered ely effect a change in the registered I in writing of this offance.  The of Registered Agent	red agent and agrec per and complete pe agent as provided j office address, I he	e to act in this e erformance of for in Chapter reby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accep of 605, F.S. Or, if this document is being filed that the limited liability company has been	,

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