17000033554

(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:		
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L. SELLERS		

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09/20/12--01019--004 **25.00

12 SEP 20 PM 3: 52 SECRETARY OF STATE ALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PCW ENTERPRISES 2 LLC			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
BRUCE WILLSON			
Name of Person			
·			
PCW ENTERPRISES 2 LLC Firm/Company			
·			
2760 W 84TH ST. SUITE #2			
Address			
HIALEAH, FL 33016 City/State and Zip Code			
City/State and Zip Code			
BRUCE.WILLSON2@TWOMEN.COM E-mail address; (to be used for future annual report notification)			
•			
For further information concerning this matter, p	lease call:		
BRUCE WILLSON at	(305) 819-3342		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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 lin	nited liability company: P	CW ENTERPRISES 2 LLC
2. (a) Principal of	ffice address of limited liability compan	y: 1016 W Hallandale Beach Blvd
(Note: M	<u>UST BE STREET ADDRESS</u>)	HALLANDALE BEACH, FL 33009
(b) Mailing ad	dress of limited liability company:	2760 W 84TH ST SUITE #2
(<u>Note: M.</u>	<u>AY BE POST OFFICE BOX</u>)	HIALEAH, FL 33016
0	3/08/2012	L12000033554
3. Date of filing/r	egistration in Florida	4. Document number
, , _		the records of the Florida Dept. of State:
Registered	Agent:	ERIC PEREIRA
Registered	Office Address:	4310 SW 140TH AVE
		DAVIE, FL 33330
	e of <u>NEW Registered Agent</u> and/or <u>NE</u>	CW Registered Office address: BRUCE WILLSON
 -	•	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		2760 W 84TH ST SUITE #2
(MCS1 BI	LI LUMBA SIRLLI ADDRESSA	HIALEAH ,FL 33016
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Signature of a member of	or authorized representative of a member	_
Printed or typed name		CORRECTION STATE OF THE CORRECTION OF THE CORREC
	1./	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.
Signature of Registered	1 Agent	

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