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J. HARRIE

December 4, 2017 TO? Registration Section Division of Corporations
SUBJECT: PEGRE Consulting 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:
Sam Vong Name of Person
individual
Firm/Company
6017 Pine Ridge Rd, Unit 253 Address
Naples, FL 34119 City/State and Zip Code
Sam yong 838 a gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sam Yong at (239) 248 9172 Name of Person Area Code & Daytime Telephone Numl
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
■ \$55/Filing Fee

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

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	me of the limited liability company: PEG&E Consulting LLC
2. (a)	122 La Peninsula Blvd (b) 122 La Peninsula Blvd
	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Naples, FL 34113 Naples, FL 34113
	10/103, 10 0 (11)
	November 25, 2013 L 13000 164722 Date of filing/registration in Florida 4. Document number
3.	Date of filing/registration in Florida 4. Document number
5. (a)	United States Corporation Agents, Inc Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FEORIDA STREET ADDRESS)
	12
	Tampa , FL 33612
(b)	Sam 10ng
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	6017 Pine Ridge Rd Unit 253
	NEW Registered Office Address:
	Naples , FL 34119
	, i L
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered
agent w	vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
uie aru	cles of organization or the operating agreement of the limited liability company.
Signat	12/04/2017 5amue Hong
	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisi	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
me oon to mere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as regist ered age nt as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a chang e in the registered office address. I hereby confirm that the limited liability company has been
notified	t in writing of this change./ /
Signatur	re of Registered Agent December 4, 2017
~.6.,	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00