## 14000074888

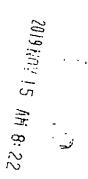
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800336622998

11/15/19--01024--004 \*\*25.00



R. WHITE DEC 1 4 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: PJ Cyclev LLC					
	SUBJECT: PJ Cyclev LLC Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Ager	nt/Registered Office Change and fee(s) are submitted for filing.				
Please return all corresponden	ce concerning this matter to the following:				
. Africa Namo	of Person				
Firm/Company					
500 North Dr., Suite 7 Address					
Melbourse FL 32934 City/State and Zip Code					
E-mail andreks: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Alexente C. Dorrki at (321) 241-4977  Name of Person Area Code & Daytime Telephone Number					
STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, Florida	Registration Section  Ons Division of Corporations P.O. Box 6327  or Circle Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$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	ame of the limited liability company:PJO.ple.	V LLC	
2. (a)	Principal office address of limited liability company: 329  (Note: MUST BE STREET ADDRESS)	- (h) <u>500 Ma</u> 34	A STATE OF THE STA
3.	May 8-2014 Date of filing registration in Florida		4 0000 7 4 888  Document number
5. (a)	Registered Agent and Registered Office shown on the records of the		
	Registered Office Address <u>(MUST BE FLORIDA STREET ADD</u>		
	13302 Winding Oak Court  Sampa FL:	33612	2019 1763
(b)	Enter name of NEW Registered Agent and/or NEW Registered Off	ice ad <u>dress</u> :	
	500 North Dr. Luite 7		
	NEW Registered Office Address:		. 22
	Mechanie FL.	32934	_
the ch agent was/w	limited liability company is not organized under the laws of ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabil were authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limited liability.	e registered offic lity company, it he limited liabili nited liability con	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signa	ature of a member or authorized representative of a member		A. Joksk.' Printed or typed name of signee
I here provis the ob to mer	eby accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for ely reflect a change in the registered office address, I her ed in writing of this change.	to act in this car	pacity. I further agree to comply with the
Signati	ure of Registered Agent		