14000156769

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

Office Use Only



600301742826

97/31/17--01007--009 **25.00

17 JUL 31 AM ID: 44

S. WARREN AUG 0 3 2017

COVER LETTER

TO: Registration Section

| Division of | Corporations | | | | | |
|--|-----------------------------------|-------------------|---|--|--|--|
| SUBJECT: | Petigree Enterprises LLC | | | | | |
| | Name of Limited Liability Company | | | | | |
| Dear Sir or Madam | : | | | | | |
| The enclosed Regis | tered Agent/Registered Offic | e Change and | free(s) are submitted for filing. | | | |
| Please return all cor | respondence concerning this | matter to the | following: | | | |
| Mr. Steven Schr | raga | | | | | |
| | Name of Person | | _ | | | |
| Petigree Enterp | rises | | | | | |
| | Firm/Company | | | | | |
| 2056 NE 153rd | Street | | | | | |
| | Address | | _ | | | |
| North Miami Bea | ach, Florida 33162 | | | | | |
| <u> </u> | City/State and Zip Code | | _ | | | |
| sschraga@petle | tproducts.com | | | | | |
| E-mail addres | s; (to be used for future annu | al report notifi | fication) | | | |
| For further informa | tion concerning this matter, p | olease call: | T. | | | |
| Steven Schraga | | 305 at (| 945-0011 | | | |
| Nai | ne of Person | (| Area Code & Daytime Telephone Numbe | | | |
| Registration Division of Clifton Bui 2661 Execu | Corporations | Reg Div P.C | AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 | | | |
| Enclosed is | a check for the following a | imount: | | | | |
| ☑ \$25 Filin | ☑ \$25 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 Florida.

| I. Na | me of the limited liability company: Petigree Enter | rprises _i | LLC | | | |
|--|--|---|--|--|--|--|
| 2. (a) | Potigree Enterprises II C | | (b) Petigree Enterprises LLC | | | |
| \. | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | 2052 NE 153rd Street | | 2056 NE 153rd Street | | | |
| | North Miami Beach, FL 33162 | _ | North Miami Beach | n, FL 33162 | | |
| | Oct. 07, 2014 | l | L14000156769 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document n | umber | | |
| 5. (a) | |] | | | | |
| | Registered Agent and Registered Office shown on the records of the | he Florida | Dept. of State: | | | |
| | Corporation Service Company | | | | | |
| | Registered Office Address | <u>DDRESS)</u> | | | | |
| | 1201 Hays Street | | | 17 | | |
| | Tallahassee | 32301 | | | | |
| | | | | - 海头 🔓 🚆 | | |
| (b) | | | | .31 A | | |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | |
| | Steven Schraga | | | FILED Jul 31 Amio: 44 Junesselflords | | |
| | NEW Registered Office Address: | | | • | | |
| | 2056 NE 153rd Street | | | | | |
| | North Miami Beach | 33162 | | | | |
| the cha agent w was/we the arti | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. In | the regist bility cor the limi imited lin | tered office and the bus mpany, it is hereby conted liability company of ability company. Printed or type in this capacity. I timth | iness office of the registered firmed that the change(s) r as otherwise provided in as otherwise provided in ed name of signed er agree to comply with the | | |

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