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| (Red | questor's Name) | | | | | |
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| (Add | dress) | | | | | |
| (Add | dress) | | | | | |
| (City | y/State/Zip/Phone | #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu: | siness Entity Nam | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates | of Status | | | | |
| Special Instructions to I | Filing Officer: | | | | | |
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Office Use Only

761.

COVER LETTER

| | egistration Section Division of Corporations | | , | | | | |
|--------------------|--|------------------------------|---|--|--|--|--|
| SUBJEC | Positive Action Services LL | Positive Action Services LLC | | | | | |
| | Nan | ne of Limite | d Liability Company | | | | |
| Dear Sir o | or Madam: | | | | | | |
| The enclo | osed Registered Agent/Registered Off | ice Change | and fee(s) are submitted for filing. | | | | |
| Please ret | turn all correspondence concerning th | is matter to | the following: | | | | |
| Petra S | inger | | | | | | |
| | Name of Person | | | | | | |
| Positive | Action Services LLC | | | | | | |
| | Firm/Company | | | | | | |
| 315 _{.SW} | / 28th Ter | | | | | | |
| | Address | | | | | | |
| Cape C | oral, FL 33914 | | | | | | |
| | City/State and Zip Code | | | | | | |
| petrasir | nger02@gmail.com | | | | | | |
| E-m | nail address: (to be used for future and | iual report n | otification) | | | | |
| For furthe | er information concerning this matter. | please call: | | | | | |
| Petra Si | inger | 239 at (| 888-5130 | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | |
| R D C 20 | TREET/COURIER ADDRESS: egistration Section division of Corporations difton Building Executive Center Circle fallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| E | nclosed is a check for the following | amount: | | | | | |
| 2 | 1 \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | | | | |
| INHS18 (2 | V14) | | | | | | |

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. N | ame of the limited liability company: Positive Action | n Servic | es LLC | | | |
|---|---|---|--|--|----------------------------------|--------------------------------------|
| 2. (a) | 315 SW 28th Ter | (b) 315 SW 28th Ter | | | | <u> </u> |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (") | | Mailing address of limit (Note: MAY BE PO | | |
| | Cape Coral, FL 33914 | _ | Cape C | oral, FL 33914 | | |
| | March 13,2015 | l | _1 5 00046 | 6275 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | Petra Singer | | | | | |
| · (1) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State | - e: | | |
| | 3509 SE 19th Ave, | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | _ | | |
| | | | | | | |
| | Cape Coral, FL | 33904 | | - | | |
| (b) | Petra Singer | | | ÄL | 2019 FEB 19 | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | 3 6 | ΑP |
| | 315 SW 28th Ter | | | 534 2017 771 | | m ^ O |
| | NEW Registered Office Address; | | | | PM 10: 4: | VEU |
| | Cape Coral , FL | 33914 | | · · · | • | |
| the changent was/was/was/was/was/was/was/was/was/was/ | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the authorized a member of authorized tepresentative of a member by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address. | the regist ability con if the limit limited lia Petra | ered office npany, it is ed liability ability com a Singer | e and the business of hereby confirmed y company or as other pany. Printed or typed name again. | office of that the herwise | the registered change(s) provided in |
| / | din writing of this change. | | | | | |