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SECRETARY OF STATE TALLAHASSEE, FLORIDA

100 - 7 PH 3:

COVER LETTER ...

	egistration Section vision of Corporations		
SUBJECT	PMMA Investments, LLC		
	1	Name of Limited	Liability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.
Please retu	ım all correspondence concerning	this matter to the	ne following:
Christophe			
	Name of Person		
Christopher	r K. Leigh, P.A.		
	Firm/Company		
110 S.E. 6	Street, Suite 1718		
	Address		 .
Fort Lauder	rdale, FL 33301		
	City/State and Zip Cod	c	
christaechris	sleigh.com		
Ē-ma	all address: (to be used for future :	nnual report no	ification)
For further	information concerning this mat	ter, please call:	
Christopher	K. Leigh	954	523-5555 Area Code & Daytime Telephone Number
	Name of Person	a(\	Area Code & Daytime Telephone Number
<u>N1:</u>	ailing Address:		Street Address:
	gistration Section		Registration Section
Di	vision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
Та	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the followi	ng amount:	
=	\$25 Filing Fee	٥	\$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. N	Same of the limited liability company: PMMA Investment	ents, LLC	
2. (a))	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4601 North Federal Highway		4601 North Federal Highway
	Pompano Beach, FL 33064	·	Pompano Beach, FL 33064
	11/03/2015	L	L15000186577
3.	Date of filing/registration in Florida	4.	Document number
5. (a.)		
• • •	Registered Agent and Registered Office shown on the records of	the Florida I	Dent, of State:
	Christopher K. Leigh		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2021
	1 East Broward Boulevard, Suite 700		2021 APR
	Fort Lauderdale		
	, [1]	. 1	mo PH
(b)			ES 3: U
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office addr	4 3: 20 FLORIDA
	Christopher K. Leigh		
	NEW Registered Office Address:		
	110 S.E. 6 Street, Suite 1718		
		33301	
agent v was/w the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members exicles of organization or the operating agreement of the	ws of the St registered ability comp of the limite limited liab	State of Florida, it is hereby confirmed that after the doffice and the business office of the registered apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. Allegre
			Printed or typed name of signee
rovisi he obl o mere iotified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have a change of this change of the writing of this change.	ee to act in performand I for in Cha wreby conf	n this capacity. I further agree to comply with the see of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed after that the limited liability company has been
Signatu	re of Registered Agent		