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(Re	questor's Name)		
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(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
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SECRETARY OF STATE
TALLAHASSEE, F

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	PFH Adventures 2.0 LLC		
		Name of Limited Li	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and t	fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the f	following:
Bruce C	3. Greer, Attorney		
	Name of Person		_
Bruce (G. Greer, PA		
	Firm/Company		
1611 N	. Federal Highway		
-	Address		_
Lake W	Forth Beach, FL 33460		
	City/State and Zip Co	de	
	carolinaexcavating.com		
Е	-mail address: (to be used for future	annual report notific	cation)
For fur	ther information concerning this ma	tter, please call:	
Bruce (3. Greer	561 at (588-3311
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy

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)	9229 Sun Terrace Circle, Apt A	(b	same	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Palm Beach Gardens			
	Florida 33403			
	11/13/2015	!	L 1500019	92036
	Date of filing/registration in Florida	4.		Document number
a)	Robert Eugene Hearn			: 7
<i>a,</i>	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		DOZI JUH	
	9229 Sun Terrace Circle, Apt A,			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			25
	Palm beach Gardens, FL	33403		PH 1:24 OF STATE SEELFL
))	Greg Lynn			——————————————————————————————————————
	Enter name of NEW Registered Agent and/or NEW Registered	Office adu	lress:	
	1611 N. Federal Highway			
	NEW Registered Office Address:			
	Lake Worth Beach	33460		
ige it w	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility cor f the limi limited li	d office a mpany, it ited liabil ability co	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
		Robe	rt Eugene	
nal	ure of Ameriber or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h	ee to act verforma I för in C	in this ca nce of m hapter 61	Printed or typed name of signee spacity. I further agree to comply with the v duties, and I am familiar with and acce 05, F.S. Or, if this document is being file

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