

L16 0000 20121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

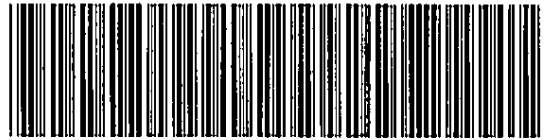
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2022 MAY 31 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PISLAT Investments, LLC
Name of Corporation

DOCUMENT NUMBER: L16000020121

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick Slattery

Name of Contact Person

PISLAT Investments, LLC

Firm/Company

4411 Bee Ridge Rd., PMB 606

Address

Sarasota FL 34233

City/State and Zip Code

christina@realrecoveryfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Slattery

Name of Contact Person

at (813) 541-4506

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PJSLAT Investments, LLC
2. The principal office address: 4411 Bee Ridge Rd., PMB 626
Sarasota FL 34233
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/28/2016 Document number: 116000020121
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Perry Maxwell Management, LLC

4411 Bee Ridge Dr., PMB 506

Sarasota FL 34233

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Patrick Slattery

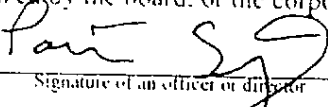
4411 Bee Ridge Rd., PMB 506

P.O. Box NOT acceptable

Sarasota FL 34233

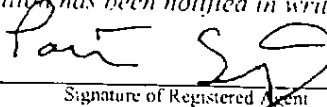
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Patrick Slattery Pres/CFO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

May 20, 2022
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAIL CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F045 (04/13)

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