

L160000070483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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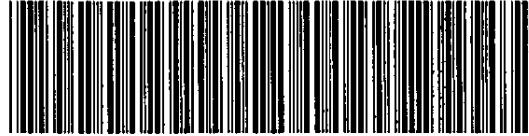
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 04 2016

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.B. Moving & Relocation Specialist, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Brown
Name of Person

P.B. Moving and Relocation Specialist, LLC
Firm/Company

4108 Cohune Palm Court
Address

Greenacres, FL 33463
City/State and Zip Code

The real peter brown 77@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catrina Knight at (754) 214-6448
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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. Name of the limited liability company: P. B. Moving and Relocation Specialist LLC
2. (a) 421 Banks Road (b) 4108 Cohune Palm Ct

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Unit #2

Margate, FL 33063

Greenacres, FL 33463

April 8, 2010

L11000070483

3. Date of filing/registration in Florida

4. Document number

5. (a) Catrina Knight

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

421 Banks Rd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Unit 2

Margate, FL 33063

- (b) Peter Brown

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

11
NEW Registered Office Address:

11

11, FL 11

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Catrina Knight

Signature of a member or authorized representative of a member

Catrina Knight

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00