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(Reque	stor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to Filir	na Officer:			

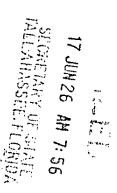
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JUN 2 9 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: The Perfect Pear U.C. 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:					
Verbusce Mckibbin Name of Person					
The Perfect Pear, LLC. Firm/Company					
3724 Southside Blud. Address					
Jackson ville, Fla. 32216 City/State and Zip Code					
Very USCI @ the perfect plantation you. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Verbuse Mukibbih at (904) 270-2010 Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 & 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. Na	me of the limited liability company: The Perfec	1 Pea	v, UC	
2. (a)	(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	M	ailing address of limited liabi (Note: MAY BE POST OF)	
	3724 Southside Blvd.	3724	Southside 1	Blud.
	Jacksonville, Fl. 32216	buck	sonville, Fla	. 32216
3.	Date of filing/registration in Florida 4.		000142698	ζ
		. Т	Document number	
5. (a)	Lopovation Service Company Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:		
	1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u> </u>		
		•		
	Tallahassee ,FL 327	40	SE CRI	17
(b)			ASS.	≥
	Enter name of NEW Registered Agent and/or NEW Registered Office add	ress:		State Section 1
	14129 Inlet Dr.		19 1 52 8	
	NEW Registered Office Address:		MAIE MAIE	7
	Jacksonville ,FL 322	25		
the char	mited liability company is not organized under the laws of the single or changes are made, the Florida street address of the registrill be identical. Or, in the case of a Florida limited liability con	tered office a	and the business office of	of the registered
was/we	re authorized by an affirmative vote of the members of the limi	ted liability	company or as otherwis	e provided in
nie aiti	cles of organization or the operating agreement of the limited li	apility comp	Adcidi-	
Signat	ure of a member or authorized representative of a member	ereusé.	Printed or typed name of sign	ec
provision the obli to mere	ry accept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete performa gations of my position as registered agent as provided for in C ly reflect a change in the registered office address, I hereby co lin yriging of this change.	in this capac nce of my di hapter 605, nfirm that th	city. I further agree to c uties, and I am familiar F.S. Or, if this documer e limited liability comp	omply with the with and accept nt is being filed any has been

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

Signature of Registered Agent