L16000178914

(Re	questor's Name)	
•	,	
———————(Ad	dress)	
(Ad	dress)	· · ·
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
i		

Office Use Only



200350366392

08/24/20--01018--015 **25.00

ELCRETARY OF STATE

50 10/08/20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRUS PROMINE OF VIII	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	
SANDRA T WILL IAN Name of Person	<u> </u>
Firm/Company	
1201 6th Ave W. Address	<u>57e</u> /80
BRADENTON FL 39 City/State and Zip Code	205
E-mail address: (to be used for future annual repor	The scope was
For further information concerning this matter, please ca	all:
SANDA MILLIAMS at (941) D22.6885 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 following amount:	
\$25 Filing Fee	☐ \$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. Name of the limited liability c	ompany: _ PR	WS PR	COPERTI	ES LL	C.
2. (a)			, , , , , , , , , , , , , , , , , , ,		
Principal office address of	of limited liability company: STREET ADDRESS)	(0)	Mailing address of (Note: MAY BE	limited liability co	
1201 67	h Avew.	STe/00_	· · · · · · · · · · · · · · · · · · ·		
BRADEN	TON FL:	34205			<u>-</u>
3. Date of filing/region	7/26/2016 stration in/Florida		41600	01289	14
		4.	Document nun	ıber	
5. (a) TACK P Registered Agent and Registered	Office shown on the records of	f the Florida Dept. of S	State:		
_	GERD #	•	rtate.		
Registered Office Address (A)	<u>IUST BE FLORIDA STREET</u>	ADDRESS)			
LARGO	FL 3375) P			
	, F	L		1020 AUG 24 TALLAHA	ereren I I
(b) SANORA	7 10)/// 10			7HV 2V2 12 S	Local b seconds
Enter name of NEW Registered	Agent and/or NEW Registere	d Office address:		√ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬	
1201 67	L Ave w	SUITE I	/ስስ	PH 1:3 OF STAT SEE, FL	
NEW Registered Office Address				38	
BRADENT	<u>Σ</u> , F	1_3 4 205	<u> </u>		
If the limited liability company is r	not organized under the la	ws of the State of I	Florida it is hereb	v confirmed tha	ut after the
change or changes are made, the Fl agent will be identical. Or, in the c was/were authorized by an affirmal the articles of organization or the o	orida street address of the ase of a Florida limited li tive vote of the members	registered office a ability company, it of the limited liabil	and the business of is hereby confirm	ffice of the regi	stered
Signature of a member or authorized rep		5A	NOM J t	VILLIA,	<u>~</u>
•					
I hereby accept the appointment as provisions of all statutes relative to the obligations of my position as re to merely reflect a change in the re notified in writing of this change.	the proper and complete gistered agent as provide gistered agent as provide gistered office address, I	ree to act in this ca performance of m od for in Chapter 60 hereby confirm tha	pactiv. I further a v duties, and I am 95, F.S. Or, if this at the limited liabil	igree to comply familiar with a document is be tity company ha	with the nd accept sing filed sing been
Signature of Registered Agent	<u></u>				
O or respective regime					