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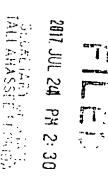
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Office Use Only



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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PCF Enterprises 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:				
Petar Bobrek Name of Person				
PCF Enterprises LLC Firm/Company				
615 60th st NW				
Bradenton FL 34209 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Petar Bobrek a1 (941) 504-2544				
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				

INHS18 (2/14)



July 13, 2017

PETAR BOBREK 615 60TH ST NW BRADENTON, FL 34209

SUBJECT: PCF ENTERPRISES, LLC

Ref. Number: L16000185739

We have received your document for PCF ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00014233

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www.sunbiz.org

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.

. 107 1616	0. T C	L .	: 1 /
1. Nai	lame of the limited liability company:PC+[terprises	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing addre	oth st NW ess of limited liability company: AY BE POST OFFICE BOX
	Bradenton, FL 34209	Bradent	on. FL
			1209
	October 5 2016	L1600018	
3.	Date of filing/registration in Florida 4.	Document	t number
5. (a)	Registered Agent and Registered Office shown on the records of the Floric	a Dent. of State:	
	6500 Javis Ro	a repli of childs	
	Registered Office Address (MUST BE FLORIDA STREET ADDRES	<u></u>	
	Sarasota FL 34	1241	2017 FALL
	D L 2 L 1		SELVATIVE TAR
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office a	ddress:	SS 22 [
			E P
	NEW Registered Office Address:		2: 30 2: 30 15:10)
	Registered Office Address.		Se Se
	Bradenton FL 34	1209	
the cha	limited liability company is not organized under the laws of the range or changes are made, the Florida street address of the regwill be identical. Or, in the case of a Florida limited liability of	istered office and the b	onfirmed that the change(s)
was/we	were authorized by an affirmative vote of the members of the limited sof organization or the operating agreement of the limited	mited liability company	or as otherwise provided in
()	Poto Carkel	Petar 1	Bobrek
	nature of a member or authorized representative of a member	Printed or to	typed name of signee
I herel provisi the obl to mere notified	weby accept the appointment as registered agent and agree to a sions of all statutes relative to the proper and complete perfort bligations of my position as registered agent as provided for in the prefect a change in the registered office address, I hereby ted in writing of this change.	and this capacity. The nance of my duties, and Chapter 605, F.S. Or, confirm that the limited	rther agree to comps with and accept if this document is being filed I liability company has been
Signatu	nure of Registered Agent		

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