L17000049875

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(ON) COLOR IN THE INC.				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
-NE				
J. HORNE				
J. HORNE DEC 27 2024				

Office Use Only



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FILED 2024 DEC 26 PM 3:55

2024 DEC 26 AT 9:31



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/20/2024	
Name:	Cheyanne Davis	_
Reference #	2597601	<u> </u>
Entity Name	PEEL PROP	PERTIES WVA, LLC
☐ Articl	les of Incorporation/Authorizatio	n to Transact Business
Ame	ndment	
✓ Char	nge of Agent	
☐ Rein	statement	
☐ Conv	version	
☐ Merg	ger	
☐ Disso	olution/Withdrawal	
Fictit	ious Name	
Othe	er	
Authorized A	Amount: \$25	
Signature:	Chyma Paine	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088
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Date:	12/20/2024				
Name:	Cheyanne Davis	-			
Reference	#:2597601	_			
	e:PEEL PROP	ERTIES WVA, LLC			
☐ Artic	cles of Incorporation/Authorization	to Transact Business			
Ame	endment				
Rein	nstatement				
Con	version				
☐ Merq	ger				
☐ Diss	olution/Withdrawal				
☐ Fiction	tious Name				
☐ Othe	er				
Authorized	Amount: \$25				
Signature:	(Chum Paine				

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	ame of the limited liability company:PEEL P	ROPERT	IES WVA, LLC
2. (a)	4520 EAST WEST HWY, STE 200	(b)	4520 EAST WEST HWY, STE 200
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BETHESDA MD 20814		BETHESDA MD 20814
	03/03/2017	·	L17000049875
3.	Date of filing/registration in Florida	– 4.	Document number
·	LYNN SANDRA T		
5. (a)	Registered Agent and Registered Office shown on the records of	Dept of State.	
	7 BARRACUDA LN		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	KEY LARGO . FI	33037	20241
	Communication Clarket Inc.		FILED 26 PH 3: 57
(b)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered		
			4 P D
	115 North Calhoun Street, Suite	4	<u>ب</u> ب
	NEW Registered Office Address:		<u></u>
	Tallahassee jrj	32	301
	, , .	-	
the cha agent v was/w	limited liability company is not organized under the la range or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regist lability con of the limit	ered office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	s/ Eleanor Wells		Eleanor Wells
-	nture of a member or authorized representative of a member		Printed or typed name of signee
provis) the obi to mer notifie	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I d in writing of this change. I Tim Mayville, Assistant Secretary	ree to act i performated for in Cl hereby cor	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after that the limited liability company has been
	ire of Registered Agent		