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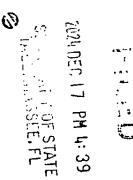
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Enclosed is a check for the followin	g amount:	
		Tallahassee, FL 32303
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
P.O. Box 6327		The Centre of Tallahassee
Division of Corporations		Division of Corporations
Mailing Address: Registration Section		Street Address: Registration Section
		no ±
Name of Person	at (<u>) </u>	
Georgiana Pulak	at (_ 904	716-1978
For further information concerning this matter	i, piease caii:	2021: DEC
·	•	2021
E-mail address: (to be used for future an	nual report not	ification) $\kappa^{\sigma_{A}}$
georgiana@pgconstructioninc.com		
City/State and Zip Code		
Saint Augustine, FL 32084		
Address		
134 Oneida Street		<u> </u>
Firm/Company		
PULAK & GRAVES HOLDINGS, LLC		<u> </u>
,		
Name of Person		
Georgiana Pulak		
Please return all correspondence concerning t	his matter to the	e following:
The enclosed Registered Agent/Registered Of	ffice Change an	d fee(s) are submitted for filing.
Dear Sir or Madam:		
Na	ime of Limited	Liability Company
SUBJECT: PULAK & GRAVES HOLDINGS		·
Division of Corporations		
TO: Registration Section		

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	ame of the limited liability company: PULAK & GR	AVES HOL	DINGS, LLC			
2. (a)		(b)			
-· (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)		
	134 Oneida Street		134 Oneida	Street		
	Saint Augustine, FL 32084		Saint Augustine, FL 32084			
	04/18/2017		L170000866	38		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	- ::		
			•			
	Georgiana M. Pulak Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u> </u>	•		
		II ADDILLOS	4			
	161 CREEKSIDE DRIVE					
	Saint Augustine	FL 32086				
(b)	Georgiana M. Pulak Enter name of NEW Registered Agent and/or NEW Register Georgiana Pulak	red Office ade	dress:			
	NEW Registered Office Address:		*			
	134 Oneida Street					
	Saint Augustine	FI 32084		BELLEC 17		
			<u>.</u>			
change agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the company	the registere liability cons of the limited li	d office and mpany, it is ited liability ability com	rida, it is hereby confirmed that after the I the business office of the red stered hereby confirmed that the change(s) company or as otherwise provided in pany.		
	llogiana III- Pulak	Geor	rgiana M. Pu			
I here provisi the obl to mer notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and a jons of all statules relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, directing of this change.	te verforma	ince of inv a	luties, and I am familiar with and accept		