117000128549

(Re	questor's Name)	1
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only

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TO DEC 22 THE STATE

S. WARREN DEC 2 6 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2017

NICHOLAS BRACK 5500 MILITARY TRAIL #22-249 JUPITER, FL 33458

SUBJECT: PFC PUBLISHING LLC Ref. Number: L17000128549

We have received your document for PFC PUBLISHING 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - 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.

Letter Number: 817A00024343

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: PFC PAR Name of Limit	oli's hing LCC led Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to	o the following:					
Name of Person						
PFC Rub Ishing, LL						
Firm/Company/						
5300 Militar Trail # 2	2-249					
Address						
Jupiter FL 334 City/State and Zip Code	5-8					
City/State and Zip Code						
nicholasbruck@gm	ail.com					
E-mail address: (to be used for future annual report	notification)					
For further information concerning this matter, please ca	II:					
nicholas brack	761, 818-6524					
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)						

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.

I. Na	me of the limited liability company: $_$	2 Publi	shing	LLC	
2. (a)	5500 Military Trail	(b)	1	•	
(, -	Principal office address of limited liability company:			limited liability company:	
	STE 22 - 249		(NOW: NIAT BE	POST OFFICE BOX)	
			· · · · · · · · · · · · · · · · · · ·		
	Jupiter FL 3349	-			
	6-13-17	,	. 7 000	CCT	10
3.	Date of filing/registration in Florida		Document num) (<u> </u>
٥.		sichia lec		The t	
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of St	 ate:		
	1200 South Pine Is				
	Registered Office Address (MUST BE FLORIDA STREET		'		
	Plantation FL	33324	<u></u>	至 = 1	-
				EC	
	, F	ــــــــــــــــــــــــــــــــــــــ		22	- 1
(b)	Victorias Brack			22 P	j
` '	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:			l
	5500 Military Tra	21/ # 22	2-249		
	NEW Registered Office Address:			Ź	
					-
	Jupiter	33450	5		
	H	`L			
If the li	imited liability company is not organized under the lange or changes are made, the Florida street address of	aws of the State of I	Horida, it is hereb ice and the busine	by confirmed that after ess office of the regist	r ter e d
agent v	vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members	liability company, it	t is hereby confiri	med that the change(s)
the arti	cles of organisation or the operating agreement of the	ne limited liability co	ompany. Vicholas	Bruck	
-4	y/V/ your	- JC · 1			\perp
	fure of a member or authorized representative of a member	among to out in this as	Printed or typed		
i nerei provisi da obl	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet inclinations of my position as registered agent as provide	gree to act in this co le performance of m lad for in Chapter 6	rpactiv. Traither Valuties, and Lan USFS OF if th	agree to compty with n familiar with and ac is document is being	rcep filed
to mero notifie	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid My reflect a change in the registered office address, dof writing of this change.	I hereby confirm the	it the limited liab	ility company has bee	211
10	1/04/1 ac				
Signatu	re of Registered Agent				