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1. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
P G & B Group LLC SUBJECT:	
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Bernardina Diaz de Garcia	
Name of Person	
P G & B Group LLC	
Firm/Company	
7295 Biscayne Blvd.	
Address	
Miami FL 33138	
City/State and Zip Code	
mariacorona@daercorona.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
Maria Corona	954 394-1822
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 amou	nt:
₩ \$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 \sa	me of the limited liability company: PG&B Group	U.C	
2. (a)	7295 Biscause Blud Histori FC 33138 (b) 7295 Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	Biscayne Blud, Higami FC 32138 Mailing Adress of limited liability company Ones: MAY RE POST OFFICE RON	
3. 5. (a)	Date of filing/registration in Florida Decoration Diaz de Garcia Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	700020346 Document number	
	Registered Office Address MUST RE FLORIDA STREET ADDRESSI	- 22 - 22 - 23 - 24 - 24	
(b)	Bernardina Diaz de Gorcia Enter name of NEW Registered Agent and/or NEW Registered Office address:	NGV 27 PH	
	7295 BISCAYNE Bluch. NEW Registered Office Address:	2: 2 1	
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Finge or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it cre authorized by an affirmative vote of the members of the limited liability coordinates of organization or the operating agreement of the limited liability countries of the limited liability contribution of the limited li	is hereby confirmed that the change(s) ity company or as otherwise provided in	
provisi the obl to merc notified	by accept the appointment as registered agent and agree to act in this ca ions of all statutes relative to the proper and complete performance of mi igations of my position as registered agent as provided for in Chapter of ely reflect a change in the registered office address. I hereby confirm that in writing of this change. MAUNA DY ALMOUN MACHERISTER Agent	y duries, and 1 am jamitur with and accept 15, F.S. Or, if this document is being filed 1 the limited liability company has been	
!	Division of Corporations P.O. Box 6327 Tallaha FILING FEE: \$25.00	1550T, FL 34314	

INHS18 (2/14)