## 117000 243 461

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300320785263

12/10/18--01020--008 \*\*25.00

O RIMMONS DEC 15 2018

## COVER LETTER

Division of Corporations	
SUBJECT: PILBARD GO Name of Lim	LD MANAGEMENT, LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
DOUGLAS CHURCHILL Name of Person	
PILBIARA COLT MANAG	EMENT, LLC
704 SANDT POINT LAN Address	E
PALM BEDOY CONDING City/State and Zip Code	FL 33410
E-mail address: (to be used for future annual repor	Corridation)
For further information concerning this matter, please ca	all:
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 Tallahassec, Florida 32314
Enclosed is a check for the following amount	
525 Filing Fee	□ \$55 Filing Fee & Certified Copy

## . 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

Florida.	
1. Name of the limited liability company: PILGARD COLD MANGEMENT,	
2. (a) 704 SENDY FOINT LONE (b) 704 SONDY POINT LONE Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)	JK.
PALMBERCH GARDENS, GL POLM GERCH GAR	<u>OF</u> M
33410	<del></del>
12/7/2018 2 1700024346  3. Date of filing/registration in Florida 4. Document number	7
5. (a) United SINTES CORPORTION AGENTS: TWC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
13302 WINDING OAK COUNT A	
TAMPA ,FL 33612	
(b) DOUGCAS CHUNCHIW	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
$ \overline{\omega}$	
NEW Registered Office Address:	
704 JANDT POJUT LANE	
PRIM BEALH GARDENT, FL 334 10	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the regist agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the articles of organization or the operating agreement of the limited liability company.  Signature of member or authorized representative of a member  Printed or typed name of signee	ered ) in
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being for the property reflect a change in the registered address, I hereby confirm that the limited liability company has been applied in writing of this change.	the

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