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COVER LETTER

TO: Registration Section Division of Corporations	·	
P.K. CONTRACTORS GROU SUBJECT:	P. LLC	
	Name of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning	ig this matter to the	following:
Rene Diaz de Villegas, Jr.		
Name of Person		
P.K. CONTRACTORS GROUP, LLC		
Firm/Company		
701 NW 57 Ave., Suite 300-B		
Address		
Miami, FL 33126		
City/State and Zip Co	»de	
drodriguez@pkmg.net		
E-mail address: (to be used for future	annual report notif	ication)
For further information concerning this ma	atter, please call:	
David Rodriguez	786 at (507-6020
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ving 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.

1. N	ame of the limited liability company: P.K. CONTRAC	TORS G	ROL	JP, LLC	
2. (a)			(h)		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		() _	Mailing a	address of limited liability company: MAY BE POST OFFICE BOX)
	701 NW 57th Ave., Suite 300-B		7	01 NW 57th Ave.	., Suite 300-B
	Miami, FL 33126		N	1iami, FL 33126	
	12/8/2017		LI	7000251820	
3.	Date of filing/registration in Florida	4.		Docum	nent number
5. (a)	Pedro Kolychkine				
J. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da De	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>55)</u>		202 Se
	8095 NW 12 Street, Suite 400				
	Doral , F	L 33126			AHI
(h)	Rene Diaz de Villegas Ir				FILED 2020 AUG -3 AM 10: 25 SECRETARY OF STATE TALLAHASSEE, FL
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddre	<u>sv</u> :	E STA
					E S
	NEW Registered Office Address:		_		
	701 NW 57 Ave., Suite 300-B		_		
	Miami . F	. 33126 L.			
agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe lability of of the life limited	red c omp mited liab	office and the busany, it is hereby d liability compa	isiness office of the registered confirmed that the change(s) any or as otherwise provided in
Signa	ture of a member or authorized representative of a member				or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is in writing of this change. A Complete of Registered Agent	ree to ac perforn d for in hereby c	t in nanc Cha confi	this capacity. I e of my duties, i pter 605, F.S. (rm that the limi	further agree to comply with the and I am familiar with and accept or, if this document is being filed ted liability company has been