## 48000013084

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(December 1)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
. 1		
(e)		

Office Use Only



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10/07/22--01019--010 \*\*25.00







January 7, 2023

CHARLES O FRITCH 324 S. LOST LAKE LN CASSELBERRY, FL 32707

SUBJECT: PC RESOURCES LLC Ref. Number: L18000013084

We have received your document for PC RESOURCES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person listed as the registered agent must sign the form.

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) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

> TILEU 2023 JAN 19 AM 9: 09

Letter Number: 623A00000458

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: PC RESOURCES LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
Charles O Fritch Name of Person	_			
PC RESOURCES LLC Firm/Company	2023 JAN SECTION			
3245. LOST LAKE LN, Address	2023 JAN 19 AM 9: 09 SECRETARILLANASSEE, FILE			
CASSELBERRY, FL 32707 City/State and Zip Code				
De fritch @ gmail.com Elmail address: (to be used for future annual report notific	eation)			
For further information concerning this matter, please call:				
Charles O. Fritch at (407) 695-4815  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 Tallahassec, FL 32303			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee ☐ \$55	5 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. N	ame of the limited liability company: PC RESOURCES	LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Cas. selberry, FL 32707 Cas.	selberry, FL 32707
	1/16/2018 L1  Date of filing/registration in Florida 4.	80000 13084
3.	Date of filing/registration in Florida 4.	Document number
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 324 S, LOST LAKE LN.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  CASSELBERRY  FL 32707  JENNIFER K, FRITCH  Enter name of NEW Registered Agent and/or NEW Registered Office address:  324 S. LOST LAKE LN.  NEW Registered Office Address:	2023 JAN 19 AM 9: 09  SECRETARY OF STATE TALLAHASSEE, FL
chang agent was/w	Imited liability company is not organized under the laws of the State of Flore or changes are made, the Florida street address of the registered office an will be identical. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited liability liability are the proportion of the limited liability and the state of a proportion of the limited liability are	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
me al	ticles of organization or the operating agreement of the limited liability con Charles O1 Fresh	rolls O. Fritch

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

Signature of Registered Agent Futch:

Signature of a member or authorized representative of a member