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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

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1. Name of the limited liability company: <u>PMSCOP</u>	YIU	pern	<u> </u>			
2. (a) 4590 UMEVION ROOM Principal office address of limited liability company:	_ (b) _	2700 M	ailing addr	TAVYN ess of limited liab	IC Com	pany:
(Note: MUST BE STREET ADDRESS)			-	AY BE POST OF	•	
Suite 104		Sauc	1115,	<u>CA 91</u>	3h()
Clearwater, Fl. 337102		•	1			
	_	. ^		_		
May 14, 2018	_	<u>L18(</u>	<u>) </u>	19512		
3. Date of filing/registration in Florida	4.	I	Documen	t number		
5. (a) Britton Briscoe						
Registered Agent and Registered Office shown on the records of the	e Florida De	ept. of State:				
912 IST STILET	nnnree					
Registered Office Address (MUST BE FLORIDA STREET AL	<u>)DRESS)</u>					
* 112	<u> </u>	7.0.5				
MONIAN ROCKS BRUCH , FL	·クラ	185				
					:1	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addre	<u></u> :			<u>د ۔</u>	:22 - := :
acan whoolden is add					α - 3	
4090 UTTHEFTON RUGU		<u></u>				30.
NEW Registered Office Address:					H 12	뭐
Suite 104					PH 12: 09	<u> </u>
<u>clearwater</u> .fl	337	102				
If the limited liability company is not organized under the laws						
the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liab	oility comp	pany, it is	hereby co	onfirmed that t	he char	ige(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	the limite	d liability	company	or as otherwi	se prov	ided in
VIINTUI A	ΚV	UST/11	Brig	S(0P)		
Signature of a member or authorized representative of a member			Printed or	typed name of sig	nee	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I he notified in writing of this change.	e to act in verformand for in Cha vreby conf	this capac ce of my di aptèr 605, firm that th	city. I fiu uties, and F.S. Or, ne limited	rther agree to I I am familiar if this docume I liability comp	comply with ar ent is be eany ha	with to nd acco ing file s been
Signature of Registered Agent						