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TO: Registration Section Division of Corporations

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SUBJECT: PIGG REAL ESTATE HOLDINGS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Person

INCFILE.COM LLC

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON	855 at (829-9090		
Name of Person	ut (Area Code & Daytime Telephone Numbe		
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 following amount:

■ \$25 Filing Fee

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.

	2 1 1 2 2 4			OLDINGS LLC			
. ,	Principal office address of limited liab (Note: MUST BE STREET AL			Mailing add	Iress of limited li IAY BE POST C	ability compa	any:
	1509 S LODGE DR			1509 S LC	DGE DR		
	SARASOTA, FL 34239			SARASO	TA, FL 3423	9	
	05/18/2018			L1800012	5843		
	Date of filing/registration in	Florida	4.	Documer	nt number		
(a)							
,	Registered Agent and Registered Office shown	n on the records of	the Florida Dept	L of State:			
	LEGALINC CORPORATE SERV Registered Office Address (MUST BE FL						
	Registered Office Address MOST BE FL	<u>URIDA STREET A</u>	<u>IDDKESSJ</u>				
	1509 S LODGE DR						
	1000 0 EODOE DIX						
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5)	SARASOTA					7020 MAY	
5)						2020 MAY 18	
))	SARASOTA					2020 MAY 18 PI	
b)	SARASOTA Enter name of <u>NEW Registered Agent</u> and/or			 		PH	
b)	SARASOTA Enter name of <u>NEW Registered Agent</u> and/or JASON PAGE						
D)	SARASOTA Enter name of <u>NEW Registered Agent</u> and/or JASON PAGE <u>NEW</u> Registered Office Address:					PH	

4M Signature of a member or authorized representative of a member

JASON PAGE - AMBR

Printed or typed name of signee

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 familiar 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.

4m Signature of Registered Agent

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