## L18000151491

| (Re                     | questor's Name)   |             |  |  |
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| (Cit                    | ry/State/Zip/Phon | e #)        |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                     | siness Entity Nar | me)         |  |  |
| (Document Number)       |                   |             |  |  |
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## COVER LETTER

|                                                                                                    | Registration Section<br>Division of Corporations |                                                                                                                                                |                            |                                     |  |  |  |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|--|--|--|
| SUBJEC                                                                                             | P2 GLOBAL INVESTMENT GROUTS                      | JP LLC                                                                                                                                         |                            |                                     |  |  |  |
| 300312                                                                                             |                                                  | Name of Limited Liability Company                                                                                                              |                            |                                     |  |  |  |
| Dear Sir                                                                                           | or Madam:                                        |                                                                                                                                                |                            |                                     |  |  |  |
| The encl                                                                                           | osed Registered Agent/Registered Off             | ice Change and                                                                                                                                 | fee(s) are submitted for f | ĭling.                              |  |  |  |
| Please re                                                                                          | eturn all correspondence concerning th           | is matter to the                                                                                                                               | following:                 |                                     |  |  |  |
| SIMON                                                                                              | 3 HOWELL                                         |                                                                                                                                                |                            |                                     |  |  |  |
|                                                                                                    | Name of Person                                   |                                                                                                                                                |                            |                                     |  |  |  |
| HOWEL                                                                                              | L INTERNATIONAL TAX                              |                                                                                                                                                |                            |                                     |  |  |  |
|                                                                                                    | Firm/Company                                     |                                                                                                                                                |                            |                                     |  |  |  |
| 8701 W I                                                                                           | RLO BRONSON MEMORIAL HWY, SI                     | ЛТЕ 100                                                                                                                                        |                            |                                     |  |  |  |
|                                                                                                    | Address                                          |                                                                                                                                                | <del></del>                |                                     |  |  |  |
| KISSIMI                                                                                            | MEE, FL 34747                                    |                                                                                                                                                |                            | 200<br>SE                           |  |  |  |
|                                                                                                    | City/State and Zip Code                          | -                                                                                                                                              | _                          | 72 OG                               |  |  |  |
| ЕММА.                                                                                              | IOWELL@HOWELLINTERNATIONAL                       | .TAX.COM                                                                                                                                       |                            | 1022 OCT 28<br>SECRETARY<br>TALLALY |  |  |  |
| E-r                                                                                                | mail address: (to be used for future and         | mal report notif                                                                                                                               | ication)                   |                                     |  |  |  |
| For furth                                                                                          | er information concerning this matter,           | , please call:                                                                                                                                 |                            | 설립 <b></b>                          |  |  |  |
| SIMON I                                                                                            | 3 HOWELL                                         | 407<br>at (                                                                                                                                    | 245-7600                   | ें हैं है                           |  |  |  |
|                                                                                                    | 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 |                            |                                     |  |  |  |
| I                                                                                                  | Enclosed is a check for the following            | amount:                                                                                                                                        |                            |                                     |  |  |  |
| Į                                                                                                  | <b> </b>                                         | □ \$:                                                                                                                                          | 55 Filing Fee & Certified  | Сору                                |  |  |  |

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. Na                                                | nme of the limited liability company: P2 GLOBAL INV                                                                                                                                                                                                                                                                    |                                            |                                                   | .LC                                                                                                                                                                                              |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a)                                               |                                                                                                                                                                                                                                                                                                                        | (                                          | b)                                                |                                                                                                                                                                                                  |
|                                                      | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)                                                                                                                                                                                                                                 |                                            | ,\                                                | failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)                                                                                                                    |
|                                                      | 5245 W IRLO BRONSON MEMORIAL HWY, #1                                                                                                                                                                                                                                                                                   |                                            | 5245 W 1RI                                        | LO BRONSON MEMORIAL HWY, #1                                                                                                                                                                      |
|                                                      | KISSIMMEE FL 34746                                                                                                                                                                                                                                                                                                     | _                                          | KISSIMMI                                          | EE FL 34746                                                                                                                                                                                      |
|                                                      | JUNE 20 2018                                                                                                                                                                                                                                                                                                           |                                            | L1800015149                                       | 91                                                                                                                                                                                               |
| 3.                                                   | Date of filing/registration in Florida                                                                                                                                                                                                                                                                                 | 4.                                         |                                                   | Document number                                                                                                                                                                                  |
| 5. (a)                                               | PAULA J CASEY                                                                                                                                                                                                                                                                                                          |                                            |                                                   |                                                                                                                                                                                                  |
| (u)                                                  | Registered Agent and Registered Office shown on the records of (                                                                                                                                                                                                                                                       | he Florio                                  | la Dept. of State                                 | :                                                                                                                                                                                                |
|                                                      | Registered Office Address (MUST BE FLORIDA STREET A<br>2720 IMPALA LANE                                                                                                                                                                                                                                                | (DDRES                                     | <u>'S)</u>                                        |                                                                                                                                                                                                  |
|                                                      |                                                                                                                                                                                                                                                                                                                        | 34746                                      |                                                   |                                                                                                                                                                                                  |
| (b)                                                  | SIMON B HOWELL                                                                                                                                                                                                                                                                                                         |                                            |                                                   | <b>202</b><br>SE                                                                                                                                                                                 |
|                                                      | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>                                                                                                                                                                                                                                                 | <u>Office a</u>                            | <u>ddress</u> :                                   | 2022 OCT 28 P SECRETARY U                                                                                                                                                                        |
|                                                      | NEW Registered Office Address:                                                                                                                                                                                                                                                                                         |                                            |                                                   |                                                                                                                                                                                                  |
|                                                      | 8701 W IRLO BRONSON MEMORIAL HWY, SUITE 10                                                                                                                                                                                                                                                                             | 00                                         |                                                   |                                                                                                                                                                                                  |
|                                                      | KISSIMMEE, FL                                                                                                                                                                                                                                                                                                          | 34747                                      |                                                   | —————————————————————————————————————                                                                                                                                                            |
| change<br>agent v<br>was/we                          | imited liability company is not organized under the law<br>or changes are made, the Florida street address of the<br>will be identical. Or, in the case of a Florida limited lia-<br>ere authorized by an affirmative vote of the members of<br>clessof organization or the operating agreement of the                 | register<br>bility c<br>t the lit          | ed office and<br>ompany, it is<br>nited liability | the business office of the registered<br>hereby confirmed that the change(s)<br>company or as otherwise provided in                                                                              |
|                                                      |                                                                                                                                                                                                                                                                                                                        | SIN                                        | ION B HOWE                                        | <del></del>                                                                                                                                                                                      |
| I herei<br>provisi<br>the obl<br>to mere<br>notified | ture of thember or authorized representative of a member by governt the appointment as registered agent and agree ons of all statutes relative to the proper and complete it gations of my position as registered agent as provided ely reflect a change in the registered office address. I have ting of this change. | ve to ac<br>perforn<br>I för in<br>eveby c | t in this cana                                    | Printed or typed name of signee city. I further agree to comply with the attes, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been |