L18000146921

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COVER LETTER

то:	Registration Sec Division of Cor				
SUBJE	Pir	macle Brick Pave	rs and Stone	, LLC	
.500	.,,,,	Nar	ne of Limited L	iability Company	
Dear S	ir or Madam:				
The en	closed Registered	Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please	return all corresp	ondence concerning th	is matter to the	following:	
The	mas P. Elder				
		Name of Person			
Pin	nacle Brick P	avers and Stone, l Firm/Company	LLC		
101	6 Thomas D	ive, Suite 341		-	
		Address			
Par	nama City Be	ach. FL 32408			1
	Cit	/State and Zip Code		_ -	
ma	xspeed01@m	sn.com			
E	-mail address: (to	be used for future ann	ual report notifi	cation)	
For furt	ther information (concerning this matter.	please call:		
Th	omas P. Elde	r	at (770	₎ 527-6753	
	Name o	f Person		Area Code & Daytime Telepho	one Number
	Mailing Addresses Registration Sci Division of Co P.O. Box 6327 Tallahassee, FI	retion rporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810
	Enclosed is a cl	eck for the following	amount:		1
	\$25 Filling Fe	e	X J \$5	5 Filing Fee & Certified Copy	,

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. (a)	1016 Thomas Drive	(b)	1016 Thomas D	rive, Suite 341
107	Principal office address of limited liability company;		•	of limited liability company;
	(Note: MUST BE STREET ADDRESS)			<u>BE POST OFFICE BOX</u>)
	Suite 341		Suite 341	
	Panama City Beach, FL 32408		Panama City I	Beach, FL 32408
	Ostoban (20202		1.10000177001	1
	October 6, 20202		L18000166921	
3.	Date of filing/registration in Florida	4.	Document nu	mper
5. (a)	Skip Drish			
	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State;	
	19211 Panama City Beach Pkwy			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	Suite 207	·		
	Panama City Beach	. 32413_		et t
		. <u>. 74717.</u> ,		- <u>"</u>
(b)	Thomas P. Elder			
(.,)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registeret</u>	l Office addre	<u></u> :	<u>.</u> .
				<u>47</u>
	1016 Thomas Drive			့ သ
	NEW Registered Office Address:			
	Suite 341			1
				!
	Panama City Beach FL	_32408_		
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the	registered cability comp of the limited	office and the business any, it is hereby confit Hiability company or :	office of the registered med that the change(s)
_	Toli At	Tho	mas P. Elder	
Signat	me of a member of authorized representative of a member		Printed or typed	name of signee
provisio die obli	w accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change by the registered office address. If	performance d'for in Cha	e of my duties, and Lar over 605, F.S., Or, if th	n familiar with and accept is document is being filed

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