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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	PD Financial, LLC		_
,,,,,,,,		imited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office Ch	lange and f	ee(s) are submitted for filing.
Please	return all correspondence concerning this mat	ter to the fo	ollowing:
Jasor	n Galdstein		
	Name of Person	-	-
Golds	stein & Company		
	Firm/Company		_
1805	Ponce de Leon Boulevard, Unit 400		_
	Address		
Coral	Gables, Florida 33134		_
33.	City/State and Zip Code		
jgolds	stein@gattorneys.com		
Ē	-mail address: (to be used for future annual re	port notific	ation)
For fun	ther information concerning this matter, please	e call:	
Jennif	fer Rodriguez	305	930-7200
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	HLING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following amount	int:	
	☑ \$25 Filing Fee	□ \$55	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

 Na 	me of the limited fiability company: PD Financial	, LLC					
2. (a)	703 WATERFORD WAY	r).	703 WATERFORD WAY				
z. (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) SUITE 805 Miami, Florida 33126);;
	SUITE 805						
	MIAMI, FL 33126						
	08/29/2018		L18000207573				
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Richards Goldstein, LLP						
(a)	Registered Agent and Registered Office shown on the records of 55 Miracle Mile	the Florida	Dept, of State:				
	Registered Office Address (MUNT BE FLORIDA STREET ADDRESS)				ALI	2021	
(0)	Suite 310				AHASSE	2021 APR 20	
	Coral Gables, FI	33134					
	dstein & Company				O STATE E. Florida	PM 3: 08	-
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				25	င္ဟ	_
	1805 Ponce de Leon Boulevard				D/Ki	8	
	NEW Registered Office Address:						
	Unit 400						
	Coral Gables	33134					

the articles of orgaplization of the operating agreement of the limited liability company.

Dilena, Roberto Printed or typed name of signee Signature of a hember or authorized representative of a member

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.

Signature of Registered Agent