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(Requestor's Name)		_
(Address)		
(Address)		-
(City/State/Zip/Phone #)		
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(Business Entity Name)	<u> </u>	
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SECRETARY OF STATE

D. BRUCE AUG 18 2020

COVER	LETTER

	ļ	COVER LE	TTER			
TO: Registration Section Division of Corporations						
Plaza Real Estate Holdings, LLC SUBJECT:						
	Name of	Limited Lia	bility Company			
Dear Sir or Madam:		t				
The enclosed Registered Agent/Registered	Office G	hange and fo	ec(s) are submitted for filing.			
Please return all correspondence concernin	g this ma	itter to the fo	llowing:			
		1				
Beverly Pascoe						
Name of Person		• •	_			
Orr Cook						
Firm/Company	-	<u> </u>	_			
818 ATA North, Suite 302						
Address		·	_	ACC.	2020 JUL	:::::::::::::::::::::::::::::::::::::::
Ponte Vedra Beach, FL 32082	,			LLAI	<u> </u>	ا معددات تفعال
City/State and Zip Goo	de		_	3 2	Ò	*. ***********************************
bpascoe@orrcook.com					AH 6	-
E-mail address: (to be used for future	annual re	eport notifica	ation)	产品	6: 58	
For further information concerning this ma	tter, plea:	se call:		•		
Beverly Pascoc	n.•	904	312-7886			
Name of Person	at	\\	Area Code & Daytime Teleph	none Numbe	r	
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, St Tallahassee, FL 32303	iite 810		
Enclosed is a check for the follow	ving amo	ount:				
■ \$25 Filing Fee	-		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 Florida.

1. N	ame of the limited liability comp	any: Plaza Real Estate	Holdings, LLC		
2. (a)	2380 Sadler Road		(b) P.O. Bo	x 15369	
. (-)	Principal office address of limi (Note: MUST BE STRE Suite 101		.,,	Mailing address of limited liability of (Note: MAY BE POST OFFICE) in Beach, FL 32035	
	Fernandina Beach, FL 32034				
	10/15/2018		L18000237	7773	
(a)	Date of filing/registration Beverly A. Pascoc	on in Florida	4.	Document number	
	Registered Agent and Registered Office	shown on the records of the	ne Florida Dept, of Sta		
	Registered Office Address (MUST E Suite 1500	E FLORIDA STREETA	DDRESS)	_	
	łacksonville	FI. ³	32207	- ଅନ୍ତର ନ୍ୟୁ	عمر عادر المراجعة ا المراجعة المراجعة ال
(b) I	Beverly A. Pascoe			E TAR	1
	inter name of NEW Registered Agent	und/or NEW Registered O	Mee address:	ASS	2
_	818 AIA North			ارت اس 100 ما 100 ما	ē :: 5: €
	NEW Registered Office Address: Suite 302			一点	5 8
	Ponte Vedra Beach	, FL ³²	2082	•	
will were trele	ited liability company is not organ changes are made, the Florida state in the case of a authorized by an affirmative vot as of organization or the operating of a member or authorized representative of a member or authorized representative.	treet address of the real Provides I I I I I I I I I I I I I I I I I I I	gistered office and lity company, it is he limited liability nited liability comp Stoven W. Sell	the business office of the regis hereby confirmed that the chan company or as otherwise provi pany. Printed or typed name of signee	tered ge(s) ided in
	accept the appointment as registers of all statutes relative to the protions of my position as registered writing of this change!	red agent and agree of per and complete per agent as provided for office address, I here	to act in this capac formance of my du r in Chapter 605, , by confirm that th	sity. I further agree to comply v ities, and I am familiar with am F.S. Or, if this document is beli e limited liability company has	vith the d accept ng filed been
ture o	Registered Agent Physican of Corr	perationse P.O. Rox	6327a Tallahares	- Fr 1331 <i>4</i>	

FILING FEE: \$25.00

INHS18 (2/14)