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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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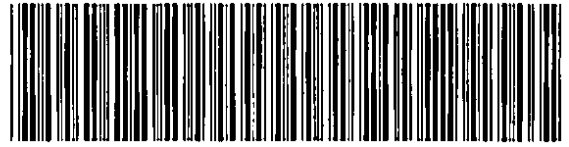
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2019 JUL 29 PM12:17

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C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PBC OUTDOOR SOLUTIONS 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:

ALEXANDRA SASSO

Name of Person

PBC OUTDOOR SOLUTIONS LLC

Firm/Company

8072 CEDAR HOLLOW LANE

Address

BOCA RATON, FL 33433

City/State and Zip Code

ALISASSO02@GMAIL.COM

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

For further information concerning this matter, please call:

ALEXANDRA SASSO

Name of Person

at (561)

4027101

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 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.

1. Name of the limited liability company: PBC OUTDOOR SOLUTIONS LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

6704 GARDEN AVENUE

6704 GARDEN AVENUE

WEST PALM BEACH FL 33405

WEST PALM BEACH FL 33405

12/05/2018

L18000280124

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ALEXANDRA SASSO

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

21355 TOWN LAKES DRIVE, 1414

BOCA RATON, FL 33486

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

ALEXANDRA SASSO

NEW Registered Office Address:

8072 CEDAR HOLLOW LANE

BOCA RATON, FL 33433

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TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Alexandra Sasso
Signature of a member or authorized representative of a member

Alexandra Sasso
Printed or typed name of signer

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.

Alexandra Sasso
Signature of Registered Agent