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COVER LETTER .

Division of Corporations		
SUBJECT: Pfoutz Brothers 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:		
Derex Pfoutz Name of Person		
Pfoutz Brothers UC Firm/Company		
404 Laurel St. Address		
Satellite Beach, FL 32937 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Derex Pfout2 at (772) 538-0210 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		

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. Name of the limited liability company: Pfoutz B	brothers UC
2. (a)	_ (b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
404 Laurel St.	404 Lourel St.
Satellite Beach, FL 32937	Satellite Beach, FL 32937
11/15/2018	L18000289349
3. Date of filing/registration in Florida	4. Document number
5. (a) Biran C. Herndon Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:
	7.5
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
916 20th Place	DDRESS)
Vero Beach, FL	32960
	32960 Office address: 31
(b) Derek Pfoutz	υ
Enter name of NEW Registered Agent and/or NEW Registered	Office address:
NEW Registered Office Address:	
404 Laurel St.	
Satellite Beach, FL	<i>319.</i> 37
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of	s of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited lia	bility company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	limited liability company.
0 1 2 7	DEREC PROUTE
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept if for in Chapter 605, F.S. Or, if this document is being filed tereby confirm that the limited liability company has been
Signature of Registered Agent	

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