## L19000 048 534

(Re	equestor's Name)					
(Address)						
(Ad	ldress)	<del></del>				
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

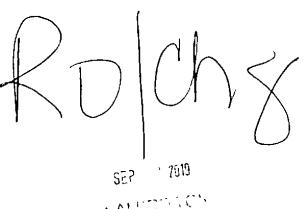




900333408799

18. 在京本区、大洋、大学工作、美華工作。

. 3 ....10: 1.4



## **COVER LETTER**

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TO:	Registration Section Division of Corporations				
CHRI	ECT: PA-44, LLC  Name of Limited Liability Company				
SUBJ					
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning this	s matter to t	he following:		
Patsy	y M Albert				
	Name of Person				
	Firm/Company				
2102	5 Lake Vienna Drive				
	Address	<u>.                                    </u>			
Land	O' Lakes, FL 34638				
	City/State and Zip Code				
palbe	ert1@att.net				
	E-mail address: (to be used for future ann	ual report no	otification)		
For fu	rther information concerning this matter,	please call:			
Patsy	/ M Albert	951 at (	265-6884		
	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:				
	\$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy		
INHSI	8 (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. Na	me of the limited liability company:	<u> </u>	PA-	44, LLC	<u> </u>	<u> </u>
2. (a)			(b)			
(- /	Principal office address of limited liabil (Note: MUST BE STREET ADI	ity company:	_ ` ` '		Mailing address of limite (Note: MAY BE POS	
	10858 Barbados Isle Drive  Tampa, FL 33647			10858	10858 Barbados Isle Drive	
			_	Tampa, FL 33647		
	2/19/19				L19000048534	
3.	Date of filing/registration in F	lorida	4.		Document number	
5. (a)	Patsy M Albert					
5. (a)	Registered Agent and Registered Office shown	on the records of the	he Florida	Dept. of St	aate:	
	Registered Office Address (MUST BE FLC	ORIDA STREET A	DDRESS)			
					<u> </u>	
	Tampa	, FL_	33647			
						Čus
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Table Halle of Estate Registered Agents and of	.vi, vi itegisterea	Control was	- <del></del>		_,
						11.10:14
	NEW Registered Office Address:	·				0: :
	21025 Lake Vienna Drive				<del></del>	<u>.</u>
	Land O' Lakes	. FL	34638			
the cha agent v was/we the arti Signa I heres provisi the obl to merc	imited liability company is not organize ange or changes are made, the Florida stavill be identical. Or, in the case of a Florice authorized by an affirmative vote of icles of organization or the operating ago ture of a member of authorized representative of by accept the appointment as registered ions of all statutes relative to the properly actions of my position as registered agely reflect a change in the registered of	reet address of prida limited lia the members of reement of the a member.	the regis ability confirmed limited li	tered offi mpany, in ted liabil ability co	rice and the business of the is hereby confirmed lity company or as oth ompany.  Patsy M /  Printed or typed name appacity. I further agree	ffice of the registered that the change(s) nerwise provided in  Albert  of signee
	in writing of this change.					

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