1190000 63861

(Requestor's Name)						
(Address)						
(Address)						
(Ci	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:						

Office Use Only

135-



400345027204

09/28/28--61630--069 **25.00

2020 JUL 29 W. 7: 14

C GOLDEN
JUL 1 1 2020

COVER LETTER

TO: Registration Section Division of Corporations								
PWFTM LLC SUBJECT:								
	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to	o the following:							
Dawn M. Jones								
Name of Person	<u> </u>							
Goodspeed & Merrill								
Firm/Company								
7800 E Union Avenue, Suite 600								
Address								
Denver, CO 80237								
City/State and Zip Code								
agent@goodspeedmerrill.com								
E-mail address: (to be used for future annual report	notification)							
For further information concerning this matter, please cal	II:							
Dawn M. Jones 720 at (473-7644							
Name of Person	Area Code & Daytime Telephone Number							
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, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following amount:								
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)



June 17, 2020

DAWN M. JONES 7800 E UNION AVENUE SUITE 600 DENVER, CO 80237

SUBJECT: PWFTM LLC Ref. Number: L19000063867

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

RECEIVED

Letter Number: 220A00012020

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.

I. Na	me of the limited liability company: PWFTM LLC	<u> </u>			·
2. (a)		(b)		
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u></u>	Mailing address of limite	
	12110 N 6th Street				
	Parker, CO 80134				
	03/13/2019		£1900006	3867	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Business Filings Incorporated				
J. (a)	Registered Agent and Registered Office shown on the records o	the Florid	da Dept, of St	late:	
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRES	<u>SS)</u>		••
	1200 South Pine Island Road				=
	Plantation, F	L. 33324		_	73 13
	· · · · · · · · · · · · · · · · · · ·			_	 -
(b)	InCorp Services, Inc.				!
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:		
					ڑنے
	NEW Registered Office Address:				
	17888 67th Court North				
	Loxahatchee	33470 L			
change agent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the e register iability c of the lin	e State of F red office a ompany, it nited liabil	Florida, it is hereby cound the business office is hereby confirmed the company or as oth	of the registered hat the change(s)
	y ^a -		ric Gre	•	
	ture of a member or authorized representative of a member			Printed or typed name	of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide Ity reflect a change in the registered office address, I I'in writing of this change.	ree to ac perforn ed for in hereby c	t in this ca iance of m Chapter 60 confirm tha	pacity. I further agrey of duties, and I am fam 95, F.S. Or, if this doc at the limited liability o	e to comply with the iliar with and accept ument is being filed company has been
	Heather Glenn on behalf of InCo	orp Servi	ces, Inc.		