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(Requestor's Name)				
(Address)				
(Address)				
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(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pamper Ur Pitt Name of Lim	LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Quetchyn MyBride Name of Person	
Pamper Ur Pitt LLC Firm/Company	2019 HAT C
1020 Brenton Leaf Dr. Address	
12LISKIN FL 33570 City/State and Zip Code	
Pamper Ur PiHOgmail. Con7 E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	H:
Outechigni McBrido at (8	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
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.

rioriaa.				
1. Name of the limited liability company: Pan	<u>sper Ur</u>	Pitt	<u>LLC</u>	
2. (a) 1020 Brenton Leaf Dr.	(b) _	1020	Brenton	Leaf Dr
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y :		g address of limited l	
RUSKIN FL 33570		BUSI		33570
	<u> </u>			
3/27/2019 Date of filing/registration in Florida		LIC	7000077	898
3. Date of filing/registration in Florida	4.	Doc	ument number	
5. (a) United States Corporat		nts II	\mathcal{C} .	
Registered Agent and Registered Office shown on the reco	l , ,	pt. of State: .∕∕		
13302 Winding UAK Registered Office Address (MUST BE FLORIDA STR		<u>#</u>		~ 2
			<u>:-</u> :	AP 2019 HAY
Tamaa	.FL 334		; + . 1	`` *MY
Tampa (b) Olletchlynn Mari'd	j.r <u>l. 33 v.</u>	(2		PRO AM FILE 22
			•	AH DUVE
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office addres	<u>ss</u> :		9: 5 t
1020 Brenton Leaf	Dr			· +
NEW Registered Office Address:				
RUSKIN	_{.FL} 335	70		
	<u> </u>			
If the limited liability company is not organized under the change or changes are made, the Florida street addre	ss of the register	ed office and	the business office	ce of the registered
agent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the memb	ers of the limited	d liability con	npany or as other	
the articles of organization or the operating agreement o	1 1			Prida
Signature of a member or authorized representative of a member	1	Prini	nn ME ted or typed name of s	signee
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com	l d agree to act in blete performanc	this capacity. e of my dutie.	. I further agree t s. and I am famili	o comply with the
provisions of all statutes relative to the proper and com the obligations of my position as registered agent as pro to merely reflect a change in the registered office addre	svided for in Cha ss. I hereby confi	pter 605, F.S rm that the li	Or, if this documented liability con	nent is being filed mpany has been
norfied in writing of this change.			•	
Signature of Registe ed Agent	†			

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