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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC REGISTERED AGENT CHANGE PNP HOLDINGS LLC

Certificate of Status	0
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## 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. N	ame of the limited liability company: PNP HOL	DINGS LL	C	·			
2. (a)		a	))				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		)				
	7901 4th St N STE 300		7901 4tl	h St N STE 3	00		
	St. Petersburg, FL 33702		St. Pete	ersburg, FL 33	3702		· <del></del>
	04/05/2019		L190000	94233			
3.	Date of filing/registration in Florida	4.		Document num	iber		
5. (a)	Hamilton, Janine						
, ,	Registered Agent and Registered Office shown on the record	s of the Florida	Dept. of State	r:			
	12124 Uleta Ln			_			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	u T				
	Orlando	. Fl. <u>32827</u>		 	• .	2023 457	
(b)	Northwest Registered Agent LLC			_		~~	
`	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office ad	dress:		.: -	24 PĦ	<u>ו</u> רני
	7901 4th St N					.; -⊈	
	NEW Registered Otfice Address:				714 514	: Ļ5	
	STE 300			•		0.	
	St. Petersburg	, <sub>F1.</sub> 33702		-			
the chagent was/w the art	timited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of house of a member or authorized representative of a member observed the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provedy reflect a change in the registered office address	s of the regi d liability co ers of the lin the limited Nat	stered office ompany, it is atted liability liability con Smith	e and the busine shereby confirm y company or as apany.  Printed or typed raceity. I forther	ss offici ned that s otherw name of si	e of the the chrise pro	e registered ange(s) avided in

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

Taylor Newman - Assistant Secretary

Signature of Registered Agent