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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: P3 D COLLS 10	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:	
Name of Person		
P3D COUSION LLC Firm/Company	<u>ر</u>	
10325 NW 7thav	<u>E</u>	
MIAML FL 33157 City/State and Zip Code	<u>) </u>	
PDCUISON PEMCIL E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, please ca	all:	
Poince Bingham at (3) 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:		
1 525 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.

1 10,144	•
1. Na	me of the limited liability company: P3 D collision LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10325 NW 7 TH CIVE HIBMI FC 33150
3.	O4 29 20 19 L19000101485 Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	10325 NW 7thavs MIRMI
(b)	Paince A. Bingham Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Prine A Bingham
	NEW Registered Office Address: 10325 NW 7hava
	MIRMI .FL 33150
the cha agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in clessof organization or the operating agreement of the limited liability company.
	ture of a hember or authorized representative of a member Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acceptigations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
Signatu	fe of Registered Agent