L19000103204

(Re	questor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cid	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	ocument Number)	1			
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				
		1			

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COVER LETTER

TO: Registration Section Division of Corporations	
PGC ONE, LLC SUBJECT:	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
LOVETTE DOBSON	
Name of Person	
INCFILE.COM LLC	
Firm/Company	
17350 STATE HWY 249 STE 220	
Address	
HOUSTON, TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
LOVEITE DOBSON	855 829-9090 at ()
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 am	ount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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	ame of the limited liability company: PGC ONE, LLC				<u></u>		
2. (a)		<i>(</i>)	o)				
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)			
	1101 BRICKELL AVE. #310747		1101 BRICE	KELL AVE.	#310747		
	MIAMI, FL 33131		MIAMI, FL	33131			
	04/15/2019		L1900010320)4			
3.	Date of filing/registration in Florida	4.	I	Document ne	umber		
5. (a)	Registered Agent and Registered Office shown on the records o AINSWORTH & CLANCY, PLLC	f the Florid	a Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET		<u> </u>		Ž⁄.s	20	
	801 BRICKELL AVE., 9TH FLOOR					2020 HAR	-11
	MIAMI	33131			# 21 21	₩ 23	=
					111-5	>	
(b)						AM II: 3	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ac	<u>ldress</u> :		===	ω	
	FINANZ BUTIK MANAGEMENT LLC				£/		
	NEW Registered Office Address:						
	1200 BRICKELL AVE, SUITE 800						
	MIAMI . F	33131					
chang agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the lector Ovalle Members	aws of the ne register liability co s of the lin e limited	ed office and ompany, it is nited liability	the busines hereby conf company o pany. ALLE MENE	s office of firmed the r as other	of the rat the crwise p	egistered change(s) provided in
	ature of a member or authorized representative of a member			Printed or type		•	
provis the ob to mei	why accept the appointment as registered agent and assions of all statutes relative to the proper and completed igations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	e perform led for in (I hereby c	ance of my d Chapter 605, onfirm that ti	city. I furth uties, and I F.S. Or, if he limited li	er agree am famil this docu ability co	to con iar wit iment i impany	iply with the hand accep is being filed whas been
Signat	Ingl H. Muen - Jorge A. Ba	uer · M	nanager				