L19 000104307

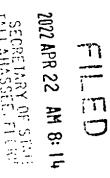
(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates of	f Status			
Special Instructions to Filing Officer:					
J. HORNE					
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divis	sion of Corporations					
SUBJECT:	PMD CONSULTING GROUP LLC					
	Name of Limited Liability Company					
Dear Sir or N	Aadam:					
The enclosed	Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning this	s matter to the fo	llowing:			
Peter Da	nch					
	Name of Person		-			
PMD CC	NSULTING GROUP L	LC				
	Firm/Company					
4521 Gro	oveland Ave		_			
	Address					
Sarasota	FL 34231					
	City/State and Zip Code		•			
.7	7@gmail.com					
E-mail	address: (to be used for future annu	uai report notifica	ition)			
For further in	nformation concerning this matter,	please call:				
Peter Da	ch	_at (941	9202003			
	Name of Person	•	Area Code & Daytime Telephone Number			
	EET/COURIER ADDRESS:	MAI	LING ADDRESS:			
-	stration Section	Registration Section				
	sion of Corporations	Division of Corporations				
	on Building	P.O. Box 6327 Tallahassee, Florida 32314				
	Executive Center Circle shassee, Florida 32301	I alla	nassee, Fiorida 32314			
Encl	Enclosed is a check for the following amount:					
5 2 \$2	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.

i. Na	ume of the limited liability company: PMD CON	SULTI	NG GF	ROUP LLC
2. (a)	4521 Groveland Ave	(h)	(b) 4521 Groveland Ave	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sarasota FL, 34231	_	Sarasol	ta FL, 34231
	April 16, 2019		L1900	0104307
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Peter Dach			
· (-)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	c:
	4521 Groveland Ave			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		-
	Sarasota , FL	34231		· As
(b)	Registered Agents Inc.			1.4.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	Site of the second
	7901 4th St N			MIZIMPR 22 MM 8: 15 ALLAHASSEEFEST
	NEW Registered Office Address:			8 7
	STE 300			. 15
	St. Petersburg , FL	33702		_
the cha agent v was/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ibility cor f the limi	ered office npany, it is ted liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
	Wa Wal	Pete	er Dach	
	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address. I h I'in writing of this change.	performa I for in C iereby co	nce of my hapter 605 nfirm that	duties, and I am familiar with and accept L.F.S. Or if this document is being filed
see 1	Bill Havre - Assistant	i Secret	ary	

Signature of Registered Agent