L19000116650

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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: PCIA TAMPA LLC Name of Lim	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Dange L. Williams TR. Name of Person	
PCIA TAMPA, L.C. Firm/Company	
5836 Heroniew (nescons 1	O.C
DWILLIAMS @ ACIAWENTH, Com E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Demois Millians at (813) 504 8484 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 amount:	:
当\$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. Name of the limited liability company: PC/P Tompo (LC) 2. (a) PCIP Tompo (LC) Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) S83C Herwyrw (Nescent In 5536 Herwyrw Creesort P) LITHO, FL 33547 LITHO, FL 33547 LITHO, FL 33547 LITHO (December 1) 3. Date of filing/registration in Florida 4. Document number 5. (a) UNITED STATES COMPANTIW Alexes Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5575 S. Semblem Blue Suite 34		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) S836 Herry frv Crescent Dr. 5836 Herry frv Crescent Dr. LITHOR, FC 33547 LITHOR, FC 33547 U/30/2019 L1900011650 Date of filing/registration in Florida 4. Document number 5. (a) UNITED STREET CORPORATION Alexans Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	1. Name of the limited liability company: \(\frac{10}{10} \)	-
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 5836 Hencouran Crescor Dr. 5536 Hencouran Crescor Dr. L. 1740 Dr. FC 33547 L. 1740 Dr. FC 33547 4/30/2019 L. 1900011650 Date of filing/registration in Florida 4. Document number 5. (a) United States Computation Alcorts Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) States Computation Co	2. (a) VCIA TAMA, LLC	(b) PCID TAMPA LIC
LITHON, FL 33547 LITHON, FL 3		, , ,
3. Date of filing/registration in Florida 4. Document number 5. (a) NITED STATES CORPORATION AGENTS N.C. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	5836 HERENYEN CRESCENT D	12 5536 HERCHULEN CRESONT DR
5. (a) UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5. 5.75 S. Same (R. D.) Registered Office 36	LITHOD, FL 33547	LOVID, FL 33547
5. (a) UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5. 5.75 S. Same (R. D.) Registered Office 36	4/30/2019	L19000116650
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5575 Segretia Device Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	3. Date of filing/registration in Florida	4. Document number
5575 S Sameian Riva Suite 36		
5575 S. SeMORAN BLUD SUITE 31	Registered Office Address (MUST BE FLORIDA STREET ADI	DRESS)
and the second	5575 S. Sembilan BLUD	Suite 34
One 100 .FL 32822	ORCMO FL	
(b) Denous L. Williams JA		
Enter name of NEW Registered Agent and/or NEW Registered Office address:	Enter name of NEW Registered Agent and/or NEW Registered Of	fice address:
5536 Herenvisen Crescont DR. NEW Registered Office Address:	5836 HERONVIEW CRESCONT	- Or = 5
NEW Registered Office Address:	<u>NEW</u> Registered Office Address:	φ.
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FL3547	/ 17/d. 0 FI	33547
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.	change or changes are made, the Florida street address of the reg agent will be identical. Or, in the case of a Florida limited liabil was/were authorized by an affirmative vgte of the members of the	gistered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member Printed or typed name of signee	Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	provisions of all statutes relative to the proper and compleic per the obligations of my position as registered agent as provided fo to merely reflect a change in the registered office address, I here	to act in this capacity. I further agree to comply with the eformance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed eby confirm that the limited liability company has been
Signature of Registered Agent	Signature of Registered Agent	

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