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TO: Registration Section Division of Corporations

POINCIANA P4 LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sydney Grice

Name of Person

Anderson Business Advisors

Firm/Company

3225 McLeod Drive, #100

Address

Las Vegas, NV 89121

City/State and Zip Code

ra@andersonadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sydney Grice	800 7064741
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

☑ \$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: POINCIANA	P4 LLC	;		
2. (a)	3225 MCLEOD DR SUITE 100	(ł	, 3225 MC	CLEOD DR SUITE 100	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	(0)		
	Las Vegas, NV 89121		Las Vega	as, NV 89121	
	05/12/2010				
2	05/13/2019	— <u>,</u>	L1900012	······································	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records of	the Florida	a Dept, of State	:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u> </u>		
	7901 4TH ST N STE 300			3022 SE	
	ST. PETERSBURG	33702		SECRETARY	
(b)	Anderson Registered Agents, Inc.				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office ad	dress:	PH N	
	625 E. Twiggs Street, Suite 110			29 11 11 11	
	NEW Registered Office Address:				
	Tampa, FL	_33602			
the cha agent v was/we the arti	imited liability company is not organized under the la- inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ney Grice	f the regi ability co of the lim limited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change. this, mean agent agent agent in a statutes agent.	e perform ed for in (ance of my a Chapter 605.	luties, and I am familiar with and accept F.S. Or if this document is being filed	

Signature of Registered Agent

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