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Office Use Only



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JUL 1 0 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pohlmann Co	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	-
rease return an correspondence concerning this matter	to the following.
Robert Pohlmann Name of Person	
Pohlmann Consulting LLC Firm/Company	
3835 Quail Ridge Dr N	
Boynton Beach FL 33436 City/State and Zip Code	<u> </u>
E-mail address: (to be used for future annual repor	1 notification)
For further information concerning this matter, please ca	all:
Robert Pohlmann at (959) 649 - 0011 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	:
\$25 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.

I. Na	ame of the limited liability company: Robert	Poh	lmar))				
	3835 Quail Ridge Dr N			_	<u> </u>	Rid		N
2. (a)	Principal office address of limited liability company:	(b)				of limited	x	
	(<u>Note: MUST BE STREET ADDRESS</u>)		_	(<u>Not</u>	e: <u>MAY</u> .	<u>BE POST</u>	OFFICE	BOX)
	Boyston Beach, Fl. 33436		Box	iton	Bego	h Fi	<u>. 33</u> 0	136
	,		,			- >		
		_						
	May 22 2019 Date of filing/registration in Florida			LI	90	00	137	630
3.	<u> </u>	4.			ment nu	ımber	<u>. </u>	
5. (a)	United Studes Corporation Ag	1275	In	· C				
	Registered Agent and Registered Office shown on the records of t			ate:		• .	202	
	13302 Winding Oak Cou	rt f	1			- 1	2020 JUN	FITE PARTS
	Registered Office Address (MUST BE) FLORIDA STREET A					n	32 01	
				_		: <u> </u>) * <u>नि</u> ष्
	Tampa	3.	3612					: 9 t
							'.	پهنته و
(b)	Alan Feigen Daum						C)	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> of	Office add	ress:					
	200 Knoth Rd Sta 112							
	NEW Registered Office Address:			_				
	1							
	•							
	Boynton Beach FI.	334	36					
If the li	mited liability company is not organized under the law	e of the S	toto of F	— Lorida	ie in Lean	. I		. 6 .1
change	or changes are made, the Florida street address of the r	registered	l office a	nd the b	ousiness	office o	f the res	istered
was/we	will be identical. Or, in the case of a Florida limited liable reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liable. The control of a member or authorized representative of a member	oility com Tthe limit	ipany, it ed liabili	is heret ity com	oy conti pany or	rmed that as other	it the ch wise pro	ange(s) ovided in
the arti	cles of organization or the operating agreement of the I	imited lia	bility co	mpany.	Di			
Signat	are of a member or authorized representative of a member		Rob	Xen't	tohl	M 47	<u> </u>	
A nerer	W accept the appointment as registered agent and agra	es ter ever is	o Hickory	arerii taa	I fratton			Sexuith the
orovivi	OHN OF ALL SIGHHAY FAIGHNA IO HIA MEADAE AND AGAING A	しょうかぎ といかかしゅうてんり	* * * * * * * * * * * * * * * * * * *			T : ! :		
to mere notified	igations of my position as registered agent as provided by reflect a change in the registered office address. I hi I'in writing of this change.	ereby con	firm that	the lim	ited lia	bility con	mpany h	as been
	alke							
Signatur	re of Registered Agent							