## U9000 157686

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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08/07/19--11 13- 111 \*\*13.03



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## **COVER LETTER**

Division of Corporations						
SUBJECT: PFG Agency Holdings LLC						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	ce Change and fe	ee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the fo	ollowing:				
Garrett A Ross						
Name of Person		-				
PFG Agency Holdings LLC						
Firm/Company		-				
1343 Main Street, Suite 802						
Address		_				
Sarasota, FL 34236						
City/State and Zip Code		_				
adam@pfunds.co		_				
E-mail address: (to be used for future annu	ial report notific	ation)				
For further information concerning this matter, p	please call:					
Garrett A Ross	813	252-0830				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314					
Enclosed is a check for the following a	amount:					
☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy				

INHS18 (2/14)

TO: Registration Section

## 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.

L N	lame of the limited liability company: PFG Agenc	cy Holdings LLC	
2. (a)	PFG Agency Holdings LLC	(b) PFG Ag	ency Holdings LLC
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1343 Main Street, Suite 802	1343 Ma	ain Street, Suite 802
	Sarasota, FL 34236	Sarasot	a, FL 34236
	6/14/2019	L1900015	57686
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Garrett A Ross		Cim
5. (u	Registered Agent and Registered Office shown on the records	of the Florida Dept. of State	
	500 Brickell Ave, Unit 3604		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	- 1
	Miami	FL 33131	1 32 1 32
	Garrett A Ross		- E & & & & & & & & & & & & & & & & & &
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	-
	1343 Main Street, Suite 802		_
	NEW Registered Office Address:		
			-
	Sarasota	FL_34236	-
the chagent was/v	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of	s of the registered office I liability company, it is rs of the limited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in inpany.
Sign	nature of a member or authorized representative of a member	- Carrett A NO.	Printed or typed name of signee
I her provi the ol to me	cby accept the appointment as registered agent and a sions of all statutes relative to the proper and completing the statutes of my position as registered agent as provingly reflect a change in the registered office address, and in writing of this change.	agree to act in this cap eie performance of my ided for in Chapter 603 . I hereby confirm that	acity. I further agree to comply with the

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

Signature of Registered Agent