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To:

Division of Corporations

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From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081

: (307)200-2803

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LLC REGISTERED AGENT CHANGE FACCHINI INVESTMENTS PGA LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY Ç,

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

Name of the limited liability company: $oxedsymbol{oxedsymbol{oxedsymbol{oxed}}}$	ACCHINI IN	VEST	MEINIO	OALL	ر
5538 P G A BLVD		_(b) 5753 HWY 85 NORTH			
Principal office address of limited liabili (Note: MUST BE STREET ADD	ty company:	·/	Mailing address of		
UNIT 5033		UNIT	5893		
ORLANDO, FL 32839		CREST	TVIEW, FL 32	536 UN	
07/01/2019		L19000	0171832		
Date of filing/registration in Fl	orida 4.		Document nur	mber	
SIMMONS, KIRK					
Registered Agent and Registered Office shown of	on the records of the Floric	ni Dept. of St	ate.		
Registered Office Address (MUST BE FLO)	on the records of the Floric			// 20	
Registered Office Address (MUST BE FLO.) 5753 HWY 85 NORTH	RIDA STREET ADDRES	<u></u> <u>S)</u>	Late.	SECRETARY TOLLS	4.
Registered Office Address (MUST BE FLO) 5753 HWY 85 NORTH CRESTVIEW Registered Agents Inc.	rida street addres	<u></u> <u>S)</u>		SECRETARY A	1
Registered Office Address (MUST BE FLO) 5753 HWY 85 NORTH CRESTVIEW	rida street addres , FL 3253	6		SECRED AM 10: 32	
Registered Office Address (MUST BE FLO. 5753 HWY 85 NORTH CRESTVIEW Registered Agents Inc. Enter name of NEW Registered Agent and/or Material States (NEW Registered Agent)	rida street addres , FL 3253	6		d	;
Registered Office Address (MUST BE FLO. 5753 HWY 85 NORTH CRESTVIEW Registered Agents Inc Enter name of NEW Registered Agent and/or No. 7901 4th St N	rida street addres , FL 3253	6		d	} ; ;

the articles of organization or the operating agreement of the limited liability company.

Rilling Pak	Riley Park
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 syriting of this change.

Bill Havre Assistant Secretary

Signature of Registered Agent