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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

ma						

LLC REGISTERED AGENT CHANGE PRA MOVING LLC

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S. PRATHER

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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	nme of the limited liability company: PRA MO\	/INC	G LLC							
2. (a)	7901 4th St N	(b) 7901 4th St N								
2 . (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)								
	STE 300	STE 300								
	St. Petersburg FL 33702	-	St. Pete	rsburg FL 33702						
	07/15/19	L19000181885								
3.	Date of filing/registration in Florida	4.		Document number						
5. (a)	NORTHWEST REGISTERED AGENT LLC									
(u)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	- e:	⊋	~3				
	7901 4TH ST N			_	LL'A LL'A	22				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>		HAN A	0EC =				
	STE 300					1				
	ST. PETERSBURGFL.	3370	2	•	L. C.	2021 DEC -1 PM 2: 07				
(b)	Registered Agents Inc.				Y OF STATE EE, FLORIDA					
,-,	Enter name of NEW Registered Agent and/or NEW Registered (Office ac	ldress:	-	Α -	. J				
	7901 4th St N									
	NEW Registered Office Address:			-						
	STE 300			_						
	St. Petersburg	3370	2	_						
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the reg bility o f the lit	istered offic- ompany, it i nited liabilit	e and the business offic s hereby confirmed that y company or as otherw	e of the regi the change	stered (s)				
<u>R</u>	iley tak	Ril	ey Park							
-	ture of a member or authorized representative of a member		a to alite e e	Printed or typed name of si		di di a				
provisi the obi to mer notifie	by accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had an agraint agent as Pill Hayre - Assistant	perforn I for in ereby (nance of my Chapter 60: confirm that	auties and Lam tamilla	ir wun ana c	иссет				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent