Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

Email Address:

LLC REGISTERED AGENT CHANGE PHERIAN HOLDINGS, LLC

Certificate of Status	0
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Page Count	02
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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	me of the limited liability company: PHERIAN HOLD	INGS.	LLC	C	
2. (a)	4813 N. Manhattan Ave		(b)	4813 N.	Manhattan Ave
(-,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite A			Suite A	
	TAMPA, FL 33614	·		TAMPA.	, FL 33614
	09/27/2019		i.,	19000236	5702
3. 5. (a)	Date of filing/registration in Florida BREWER, CHRISTOPHER W	- 4.			Document number
., (u)	Registered Agent and Registered Office shown on the records of 400 NORTH ASHLEY DRIVE, SUITE 1100	the Flor	ida L	Dept. of Sta	 die:
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRE	:22:		_
	TAMPA , FL	33602	?		_
(b)	Corporate Creations Network Inc.		<u>-</u> .		
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addı	<u>*ess</u> ;	
	801 US Highway 1				2020 OCT
	NEW Registered Office Address:				CT 19
	North Palm Beach , FI.	33408	3		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the 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	regist ability of the l	ered com imit	office an apany, it i ed liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/ Ca	aitlin Lazarus	C	aitli	n Lazarus,	. Attorney-in-Fact
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I l d'in writing of this change.	perfor d for ii	man n Ch	ice of my apter 60:	duties, and I am familiar with and acce 5, F.S. Or, if this document is being file
/s/ C.	aitlin Lazarus Caitlin Lazarus, Specia	al Sed	cret	arv	

Signature of Registered Agent