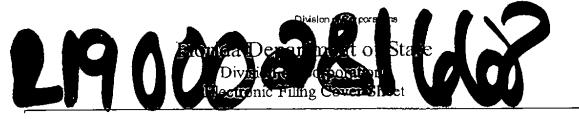
12/12/2019



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(((H19000358649 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone

: (702)866-2500

Fax Number : (702)866-2689

: *Enter the email address for this business entity to be to	ısed>for	<b>Sut</b> u	ire
ennual report mailings. Enter only one email address  Email Address: Documents @ Incorp. com	please ≥Z	30 640	77
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LLC REGISTERED AGENT CHANGE MAY PB ALTON LLC	E FLOR	A ₩	
G. C. C.	7	ලා ලා	

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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	: Er:Letter
COVI	ERRLETTER
TO: Registration Section	•
Division of Corporations	
MAY PB ALTON LLC	
SUBJECT:	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Kim Barajas	
Name of Person	
InCorp Services, Inc.	
Firm/Company	
3773 Howard Hughes Pkwy, Suite 500S	
Address	
Les Vegas, NV 89169	
City/State and Zip Code	
documents@incorp.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	
Kim Barajas on behalf of InCorp Services, Inc.	702 866-2500 ext. 6910
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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)	

H19000358649

## 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.

, N	one of the limited liability company: MAY PB ALTON I	LLC	)			
. (a)	3781 Lepont Way, Palm Beach Gardens, FL 33410		(b) PO Box 8	871, Armon!	k, NY 1	0504
. (6)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address	of limited	l liability company: TOFFICE BOX)
	11/18/2019		L1900028	1668		
	Date of filing/registration in Florida	4.		Document n	пшрес	
i. (a)	GIANATASIO, MICHAEL R					
. (4)	Registered Agent and Registered Office shown on the records of the I	Flori	ida Dept. of State	- e:		
	3781 Lepont Way					
	Registered Office Address (MUST BE FLORIDA STREET ADD	ORE	<u>SS)</u>	-		
	Palm Beach Gardens , FL, FL,	_	33410	- - <u>Z</u> g	. 2019	
(b)	InCorp Services, Inc.			CRETARY LAHASSEI	9 DEC	77
, ,	Enter name of NEW Registered Agent and/or NEW Registered Off	fice	address:	SS		
	17888 67th Court North			- THE YEAR	2 A	m
	NEW Registered Office Address:			E TARE	ू स ख	
	Loxahatchee, FL		33470	<b>~</b>	₩	
signal si	limited liability company is not organized under the laws ange or changes are made, the filorida street address of the will be identical. Organized the filorida street address of the will be identical. Organized the case of a Florida limited liabilities authorized by sulaffirmative vote of the members of the line of a member of authorized representative of authorized representative of authorized server and complete perions of all statutes relative to the proper and complete perions of my position as registered agent as provided finely reflect a change in the registered office address, I hered in writing of this change.	lity he l	egistered office company, it is limited liability disability conditional Giana act in this capranance of my	is and the out is hereby con ty company of mpany.  atasio  Printed or type oduties, and it is during and its of the oduties.	firmed or as other agree of this do	that the change(s) nerwise provided in of signor ee to comply with the notion with and acceptument is being file
K	M Ary Kim Barajas on b	eha	alf of InCorp S	Services, Inc.		

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