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COVER LETTER

TO: Registration Section Division of Corporations

Flamingo PCH LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erica Carter

Name of Person

Firm/Company

PO Box 2350

Address

Wrightwood, CA 92397

City/State and Zip Code

carterfive0@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ne Telephone Number
on
rations
lahassee
Street, Suite 810
2303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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.

2. (a)	5741 Flamingo Drive, Cape Coral, FL 33904	(b) PO Box 2350, Wrightwood, CA 92397
_ . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	
	December 23, 2019	
3.	Date of filing/registration in Florida	4. Document number
	United States Corporation Agents, INC	
5. (a)	Registered Agent and Registered Office shown on the record	s of the Florida Dept. of State:
	Cheyenne Mosley, Legalzoom.com. Inc	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)
	5575 S. Semoran Blvd Suite 36	
	Orlando	FL. 32822
(b)	Erica Carter	FIL. 32822
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office address:
	5741 Flamingo Drive	
	NEW Registered Office Address:	
	Cape Coral	FL
change agent ¹ was/w	e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after the the registered office and the business office of the registered d liability company, it is hereby confirmed that the change(s) rs of the limited liability company or as otherwise provided in the limited liability company. Erica Carter
Signi	intre of a member or authorized representative of a member	Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a dhange in the registered office address d in writing of this change.	agree to act in this capacity. I further agree to comply with the ele performance of my duties, and I am familiar with and accep ided for in Chapter 605, F.S. Or, if this document is being filed , I hereby confirm that the limited liability company has been

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

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