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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		,
PCB Properties Rental, LLC SUBJECT:		
	me of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the	e following:
Joseph Ligman		
Name of Person		
PCB Properties Rental, LLC		
Firm/Company	· ·-	
15715 South Dixie Highway, Suite 319		
Address		
Miami, FL 33157		
City/State and Zip Code		
joeligman@ligmanmartinlaw.com		
E-mail address: (to be used for future and	nual report noti	fication)
For further information concerning this matter	, please call:	
Joseph W. Ligman	305 at (298-3363
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	g amount:	
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

	ame of the limited liability company: 15715 South Dixie Highway, Suite 319, Miami, FL 33157	_	15715 \$	Dixie Hwy., Suite 319, Miami, FL 33157
l. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b)	Mailing address of limited liability company:
	15715 South Dixie Highway, Suite 319		15715 So	(Note: MAY BE POST OFFICE BOX) buth Dixie Highway, Suite 319
	Miami, FL 33157		Miami, F	
	01/02/2020		L20000009	9604
3 .	Date of filing/registration in Florida	- 4.		
i. (a)	Ursula Ligman	٦.		Document number
. (-)	Registered Agent and Registered Office shown on the records of		da Dept. of Sta	ate:
	15715 South Dixie Highway, Suite 319, Miami, FL 3315 Registered Office Address (MUST BE FLORIDA STREET)			_
	15715 South Dixie Highway, Suite 319			RECE T
	Miami . FI	33157	-	2021 AUG 79 SECRETARY SECRETARY
(1.)	Janet Barrett			SET R
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress;	M 9:31 SEEL FLORID
				<u> </u>
	NEW Registered Office Address:			_
	15715 South Dixie Highway, Suite 319	<u> </u>	_	_
	Miami	33157		
fihel	imited liability company is not organized under the law		- C4 CE1	
nange gent v	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 liability and the case of a Florida limited liability.	registe: bility c	ed office ar	id the business office of the registered
he arti	cles of organization or the operating agreement of the	f the III limited	nited liabilit liability cor	ty company or as otherwise provided in mpany.
Sign	ture of a member or authorized representative of a member	Jos	eph W. Ligm	<u>_</u>
				Printed or typed name of signee
	hu account the approintment of weet to the			
l h er ei provisi he obl o mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address. I have a change in the registered office address. I have a change in the registered office address. I have a change in the registered of this change.	ee to ac perform I for in ereby c	t in this cap sance of my Chapter 602 onfirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept, F.S. Or, if this document is being filed the limited liability company has been