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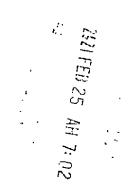
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O SIMMONS APR 2.7 2021

COVER LETTER

TO: Registration Section Division of Corporations		-,,,						
PIERCE AFL VF, LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.						
Please return all correspondence concerning	this matter to the	e following:						
ABBIGAIL WEBB								
Name of Person								
ACMGMT, LLC								
Firm/Company								
5875 NW 163RD ST, SUITE 105								
Address								
MIAMI LAKES, FL 33014		_						
City/State and Zip Cod	le							
ABBIGAIL@DODGEMIAMLCOM								
E-mail address: (to be used for future	annual report not	ification)						
For further information concerning this mat	ter, please call:							
ABBIGAIL WEBB	305 at (779-9160						
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 follow	ing amount:							
\$25 Filing Fee	٥	\$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.

. Na	une of the limited liability company: PIERCE AFL VF	, LLC		10001		
	5875 N.W. 163RD STREET - SUITE 104		5875 N.W	. 163RD STREET - SU	HTE 104	
!. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited (Note: MAY BE POST		
	MIAMI LAKES, FL 33014		MIAMIL	AKES, FL 33014		- <u>-</u>
						
	02/04/2020		L20000033	587		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	GREENSPOON MARDER LLP					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	_ e:		
	200 EAST BROWARD BLVD., SUITE 1800					
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u></u>	_		
					. 1.0	
	FORT LAUDERDALE , FI	33301		- -	71 FEB	
(b)	ABBIGAIL WEBB				3 25	
•	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddr <u>ess</u> :	·	A	2 ·
	5875 NW 163RD ST. SUITE 105			_	7: 03	•
	NEW Registered Office Address:					
		33014		_		
	MIAMI LAKES, FI	L	 .	_		
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e registe ability c of the line limited	red office ar ompany, it i nited liabili	is hereby confirmed the company or as other than the company of the company o	hat the cha	nge(s)
Sign	utife of a member or authorized representative of a member		<u>-</u> .	Printed or typed name of	of signee	
I here provis the ob to mer	why accept the appointment as registered agent and agenous of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	ree to ac e perforn ed for in hereby c	et in this cap nance of my Chapter 60 confirm that	oacity. I further agree duties, and I am Jam 5, F.S. Or, if this doc the limited liability c	e to comply iliar with a ument is b company ha	with the and accep eing filed as been
Signat	ure of Registered Agent					

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