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(Requestor's Name)
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(Business Entity Name)
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JUN 23 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: POLYMORA HOLLY Name of Lim	nited 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:		
ANDREW Co CONPANSE Name of Person	<u>)                                    </u>	
Perambra Holdings UC Firm/Company		
12540 Kelly Greens Blid. #334 Address		
FORT MYERS, FL. 33408 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Andrew Coolsans at (2	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 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 Standes, 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. Name of the limited liability company: Penantan Holdings UC
2 (a) Persundan Hodinas LLC (b) Persundan Hodinas LLC
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
12540 Kelly GASENO Blod. #334 12540 Kelly GASENO Blod. #
Fort myers, 71, 33908 Fort myers, 71, 33908
120000000 (25/4)
3. Date of filing/registration in Florida 4. Document number
5. (a) United States Corporation Appropriate Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
55755. Semial Black.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
<u>20:46 36 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8</u>
DAMO FL 32872
a forder of Conformity.
Enter name of NEW Registered Agent and/or NFW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address.
~ · · · · · · · · · · · · · · · · · · ·
1027 MyERS .FL 33108
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signature of uncomber or authorized representative of a member Printed or typed name of signee
thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been profiled in setting offices.
Signature of Registered Agent  Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00