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PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Name	<del>)</del>				
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SECRETARY OF STATE

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## **COVER LETTER**

**TO:** Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: PILLAR PROPERTIES LLC						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the following:					
Christian Abraham						
Name of Person						
Anderson Business Advisors						
Firm/Company	<del></del>					
3225 McLeod Drive, #100						
Address						
Las Vegas, NV 89121						
City/State and Zip Code	<del></del>					
ra@andersonadvisors.com						
E-mail address: (to be used for future annu	al report notification)					
For further information concerning this matter, p	please call:					
Christian Abraham	800 7064741					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following a	amount:					
<b>☑</b> \$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.

1.	Na	ime of the limited liability company: PILLAR PROF	PERTIE	SLLC	
2.	(a)	3225 McLeod Dr, Suite 100	(b) 3225 McLeod D		Leod Dr, Suite 100
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Las Vegas, NV 89121	_	Las Veg	as, NV 89121
		09/03/2020	 		4816
3.		Date of filing/registration in Florida	4.		Document number
5	(a)	LEGALINC CORPORATE SERVICES INC.			
	()	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State	:
		Registered Office Address (MUST BE FLORIDA STREET A 5237 SUMMERLIN COMMONSSUITE 400	<u>DDRESS</u>		202 SE
		FORT MYERS , FL	33907		2021 NOV 22 SECRETAR TALLAH
	(b)	Anderson Registered Agents, Inc.			F-17-7
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered G</u> 625 E. Twiggs Street, Suite 110	Office add	ress:	PH -: 44 SSEE, FL
		NEW Registered Office Address:			fri .
		Tampa FL	33602		
the age was the $\frac{C}{S}$	cha nt v s/we arti <i>I</i> ignat	imited liability company is not organized under the law inge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ture of a member of authorized representative of a member obtained to the appointment as registered agent and agree ons of all statutes relative to the proper and complete pro	the regis bility co the limi imited li	tered office impany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  Printed or typed name of signee active. I further agree to comply with the
the to i	obl nero	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have been all the status of the status.	for in C ereby co	hapter 605, nfirm that t	F.S. Or, if this document is being filed he limited liability company has been

Signature of Registered Agent

notified in writing of this change