# L2000301030

(Requestor's Name)					
(Address)					
(Address)					
(City	/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Doc	ument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
J. HORNE NOV - 4 2022					
	- <del></del>				

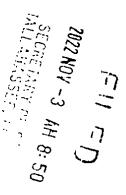
Office Use Only



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RECEIVED



### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/03/2022	-		<i>⇔WALK IN</i> ↔
ENTITY NAME PPG AL	ırora GC Holdco LLC		
ENTITY NAME			
DOCUMENT NUMBER			
DOCUMENT NOTIBER_			
	**PLEASE FILE THE ;	ATTACHED AND RETURN**	
xxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
**/	PLEASE OBTAIN THE FOLL	LOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts &	: Amendments	
	Certificate of Good Standi	ing	
	**APOSTILLE' / NO	TARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: I2016000007	2
		S R FM	
Please call Tina at ti	he above number for an	y issues or concerns. Thank you s	o much!
<u> </u>	<u> </u>	,	

#### **COVER LETTER**

TO: Registration Section Division of Corporations PPG Aurora GC Holdco LLC SUBJECT: Name of Limited 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: Tsvi Goldstein Name of Person Platinum Filings LLC Firm/Company 99 West Hawthorne Ave., Suite 408 Address Valley Stream/NY 11580 City/State and Zip Code agent@platinumfilings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 800 263-1553 Tsvi Goldstein at ( Area Code & Daytime Telephone Number Name of Person **Street Address: Mailing Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

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.

I. N	ame of the limited liability company: PPG Aurora GC	Holde	o Ll.	.C	
2. (a)	440 SVI VAN AVE STE 240		(b)	440 SYLV	AN AVE STE 240,
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(.,		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	ENGLEWOOD CLIFFS, NJ 07632			ENGLEW	OOD CLIFFS. NJ 07632
	10/2/2020			L200003010	030
3.	Date of filing/registration in Florida	4.	-		Document number
5. (a)	Kirschner, Jonathan				
	Registered Agent and Registered Office shown on the records of 100 SE 2ND ST STE 2000 #209	the Flo	orida	Dept. of State	e:
	Registered Office Address	<u>ADDR</u>	ESS.	<u></u>	-
	Miami, FL	3313	1		<b>202</b> 7ALL
(b)	PLATINUM AGENT SERVICES LLC				7 VOW 77
	Enter name of NEW Registered Agent and/or NEW Registered	Office	e ado	<u>lress</u> :	
	155 Office Plaza Dr				至 17
	NEW Registered Office Address:				TD AH 8: 50
					- -
	Tallahassee, FL	3230	1		-
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regis ability of the	tere / coi limi	d office and mpany, it is ited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	/s/ Ruben Godinez	!	Rubo	en Godinez	
_	ature of a member or authorized representative of a member				Printed or typed name of signee
provis the ob to mei	by accept the appointment as registered agent and agreations of all statutes relative to the proper and complete digations of my position as registered agent as providerely reflect a change in the registered office address, I ded in writing of this change.	ve to perfo d for i hereb	act rma in C v co	in this cape nce of my e hapter 605 nfirm that i	icity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
٠	/s/ Steven Friedman				
Signat	ure of Registered Agent				