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Division of Corporations

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To:

Division of Corporations Fax Number : (850)617-6383

From:

| Account Name | : | REGISTERED AGENTS | INC |
|----------------|---|-------------------|-----|
| Account Number | : | 120090000081 | |
| Phone | : | (307)200-2803 | |
| Fax Number | : | (855)330-1010 | |

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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| | LLC REGISTERED AGENT CHANGE PG GOODS, LLC | | | |
|-----------------------|--|----------|--|--|
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T. LEMIEUX Helpmar 2 9 2022

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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. N | ame of the limited liability company: PG GC | DODS, | LLC | | | | |
|---|---|---|--|--|---|-------------------|-------------------------|
| 2. (a) | | (២ | •) | | | | |
| | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | | | ailing address of limited (Note: MAY BE POST | - | | |
| | 7901 4th St N STE 300 | | 7901 4tl | n St N STE 300 |) | | |
| | St. Petersburg FL | | St. Peters | sburg FL 33702 | | | <u>.</u> |
| | 11/12/20 | | L20000 |)358197 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (a) | , ISAAC SCHARF | | | | | | |
| | Registered Agent and Registered Office shown on the reco 7243 VALENCIA DRIVE Registered Office Address (MUST BE FLORIDA STR | | | | TALLA | 2022 MAR | |
| | BOCA RATON | _, _{FL} 3343 | 3 | | HASS | AR 28 | FILED |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u> 7901 4th St N <u>NEW</u> Registered Office Address: STE 300 | | | | STATE FLORIDA | 8 h :0: H | |
| | St. Petersburg | , _{FL} 33702 | 2 | | | | |
| the ch agent was/w the art Sign I here provis the ob the one notific Byse | limited liability company is not organized under t ange or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limi- vere authorized by an affirmative vote of the mem- ticles of organization or the operating agreement of ticles of organization or the operating agreement of ticles of a member or authorized representative of a member eby accept the appointment as registered agent ar sions of all statutes relative to the proper and com- oligations of my position as registered agent as pr rely reflect a change in the registered office addre eff in writing of this change. Bill Havre - Ass rure of Registered Agent | he laws of the ess of the regi ted liability c bers of the lim of the limited Rill ad agree to ac uplete perform | e State of Flo stered office ompany, it is nited liability liability com ey Park ey Park t in this capa ance of my a Chapter 605, confirm that t | Printed or typed name of hereby confirmed the company or as othe pany. Printed or typed name of hereby. I further agree luties, and I am fami F S. Or if this doc | t signee to compl liar with i ument is b | y with und aco | n the cept led |
| | Division of Corporations• 1 FILI | P.O. Box 632 NG FEE: \$25 | | see, FL 32314 | | | |