

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
PCH JV VENTURES #4, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: PCH JV VENTURES #4, LLC2. (a) Principal office address of the limited liability company: 189 S. Orange Avenue, Suite 970**(Note: MUST BE STREET ADDRESS)**Orlando FL 32801(b) Mailing address of limited liability company: 189 S. Orange Avenue, Suite 970**(Note: MAY BE POST OFFICE BOX)**Orlando FL 3280112/1/2020L20000376028

3. Date of filing/registration in Florida

4. Document number

5.(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Michael D Dunn

Registered Office Address:

189 S. Orange Avenue, Suite 970Orlando FL 32801(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:****NEW** Registered Agent:Corporate Creations Network Inc.**NEW** Registered Office Address:801 US Highway 1**(MUST BE FLORIDA STREET ADDRESS)**North Palm Beach FL 33408

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 a member or authorized representative of a member)

Saray Djidji, Attorney-in-Fact

(Printed or Typed name of signer)

I hereby 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 notified in writing of this change.

(Signature of Registered Agent)

Saray Djidji, Special Secretary**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

INHS18(10-99)

Corporate Creations International

801 US Highway 1

North Palm Beach FL 33408

(561) 694-8107

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