## L21000021049

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

March 28, 2022 Date:\_ **David Shulman** Name: 1593354 Reference #:\_\_\_\_ PF GREENVILLE 3, LLC Entity Name:\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion ☐ Dissolution/Withdrawal Fictitious Name Other \_\_\_\_\_ Authorized Amount: \$25.00 David Skulman Signature:

## 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. Na	ime of the limited liability company:		PF GREENVILLE 3, LLC			
2. (a)			(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		•	ited fiability company: OST OFFICE BOX)	
	4 Liberty Lane West	_		4 Liberty La	ne West	
	Hampton, N.H. 03842	_		Hampton, N.	H. 03842	
	1/22/2021			L2100002	1049	
3.	Date of filing/registration in Florida	4.		Document number	:r	
5. (a)	McGuiness, Shane					
()	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept, of Stat	te:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1560 N. Orange Ave, Suite 300			_ 	2072 F.C.	
	Winter Park .FL	(	32789		29	
(b)	COGENCY GLOBAL INC.				• <b>,</b>	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	<del>-</del>	ن ب	
					:-) -:1	
	115 North Calhoun Street, Suite	<u>e</u> 4		_		
	NEW Registered Office Address:					
	Tallahassee .FL		32301	_		
the cha agent w was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of th the reg bility of the li	e State of Fl istered offic company, it i mited liabilit	e and the business is hereby confirmed ty company or as o	office of the registered d that the change(s)	
	s/ Justin Vartanian		Justin Vartanian			
_	ture of a member or authorized representative of a member			Printed or typed nair	_	
provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'm writing of this change.	e to a perfori for in ereby	ct in this cap nance of my Chapter 602 confirm that	oacity. I further ag dutics, and I am fa 5, F.S. Or, if this a the limited liabilit	ree to comply with the miliar with and accept locument is being filed v company has been	
	/s/ Michael Carlisle					

Michael Carlisle, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent