To: 18506176383 From: 14693173436 Date: 03/03/21 Time: 2:51 PM Page: 01/02



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To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**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

PMS LLC

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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: PMS LLC		
2. (a)		(b)
2. (n)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	253 VILLAGE DRIVE		253 VILLAGE DRIVE
	HAUPPAUGE, NY 11788		HAUPPAUGE, NY 11788
	01/21/2021		L21000041371
3.	Date of filing/registration in Florida	4.	Document number
	• •		
5. (a))	of the Florida	Dept of State
	PANAGATOS, PANAGIOTIS		
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS	2 ~
	253 VILLAGE DRIVE		921
	HAUPPAUGE	FL_11788	2021 MAR - U AM IO: 08
			HID: C
(b)			
	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	<u> </u>
	LEGALING CORPORATE SERVICES INC		
	NEW Registered Office Address		
	5237 SUMMERLIN COMMONS BLVD. SUITE 400		
	FORT MYERS	FL	
chang agent was/v the ar	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membe ticles of organization or the operating agreement of	laws of the the registered I liability co rs of the limited I	ampany it is hereby confirmed that the change(s)
•••	nture of a monther, or author leed replese mative of a member)		• •
provis the ob- to me	eby accept the appointment as registered agent and stons of all statutes relative to the proper and complebligations of my position as registered agent as proverly reflect a change in the registered office addressed in writing of this change.	eie perjormi ided for in (Thorse of my daties, and I am familiar with and accept Thorses 605 F.S. Or, if this document is being filed
			(((H21000087705 3)))
Signal	ture of Registered Agent		

FILING FEE: \$25.00