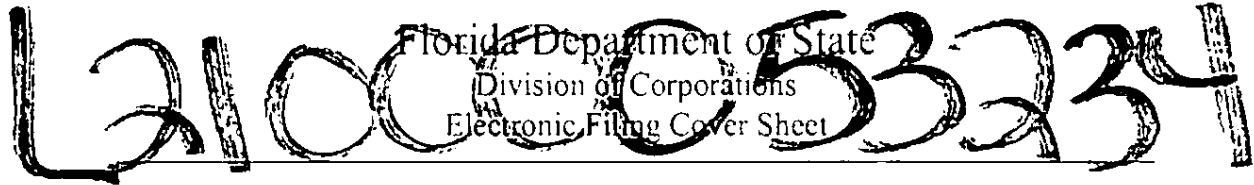


12/5/24, 11:58 AM

Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : THE LICENSE COMPANY LLC  
Account Number : 120210000181  
Phone : (844)484-2466  
Fax Number : (888)460-0045

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

Email Address: info@thelicensecompany.com

**LLC REGISTERED AGENT CHANGE  
PAG HOSPITALITY GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

J. HORNE  
DEC - 6 2024

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAG HOSPITALITY GROUP, LLC  
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:

The License Company LLC  
Name of Person

The License Company LLC  
Firm/Company

55 E Granada Blvd Unit 1415  
Address

Ormond Beach, FL 32175  
City/State and Zip Code

info@thelicensecompany.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

The License Company LLC at ( 844 ) 484-2466  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

(((H24000400817 3)))

**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. Name of the limited liability company: PAG HOSPITALITY GROUP, LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
1969 PRAIRIE DUNES CIRCLE N  
LAKELAND, FL 33810  
01/29/2021
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
1969 PRAIRIE DUNES CIRCLE N  
LAKELAND, FL 33810  
L21000053234
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:  
PAMELA GOLDGELL  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2703 Jennifer Drive  
LAKELAND, FL 33810
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
PAMELA GOLDGELL  
NEW Registered Office Address:  
1969 PRAIRIE DUNES CIRCLE N  
LAKELAND, FL 33810

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.

Pamela Goldgell  
Signature of a member or authorized representative of a member

PAMELA GOLDGELL  
Printed or typed name of signee

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.

Pamela Goldgell  
Signature of Registered Agent

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

NTIS18 (2/14)

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