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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (813)436-5206

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

- Email Address:

## LLC REGISTERED AGENT CHANGE P.N. & FRIENDS LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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M. SOLOMON JUL 2 4 2024

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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  | lame of the limited liability company: P.N. & FRIENDS  | LLC   |   |   |                         |
|---|--|---|---|---|-------------------------|
| 2. (a)  |  | (b)   |   |   |                         |
|   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability compa<br>( <u>Note: MAY BE POST OFFICE BOX</u>                   |   |                         |
|   |  |   |   |   |                         |
|   | 07/19/2021   |   | 1000329973  |   |                         |
| 3.  | Date of filing/registration in Florida   | 4,  | Document nur  | nber  |                         |
| 5. (a   | ) LEGALINC CORPORATE SERVICES INC.   |   |   |   |                         |
|   | Registered Agent and Registered Office shown on the records of   | the Florida D   | ept. of State:  |   |                         |
|   | Registered Office Address (MUST BE FLORIDA STREET)   | _<br>ADDRESS)   |   |   |                         |
|   | 5237 SUMMERLIN COMMONS BLVD SUITE 400  |   |   |   |                         |
|   | FORT MYERS . FL  | 33907   |   | 2024 J  |                         |
| (b)   | Hegistered Agents Inc  |   | <del></del>   | IUL 24<br>NETARY<br>NHASSE  | -                       |
| (1)   | Enter name of NEW Registered Agent and/or NEW Registered   | Office addre  | <u>ss</u> :   | 138<br>0 X 2  | ſ                       |
|   | 7901 4th St N  |   |   | 2024 JUL 24 PH 2: 33<br>SECRETARY OF STATE<br>ALL AHASSEELFLORID, | Ċ                       |
|   | NEW Registered Office Address:   | <del></del>   | <del></del>   | ₹ <b>33</b>   |                         |
|   | STE 300  |   |   |   |                         |
|   | St. Peterspurg   | 33702   |   |   |                         |
| the ch<br>agent<br>was/w                        | limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the register<br>ability comp<br>of the limite<br>limited liab | red office and the busing<br>pany, it is hereby confir<br>d liability company or a<br>pility company. | ess office of the registe<br>med that the change(s)               | red                     |
| Signa   | ature of a member/or authorized representative of a member   | Robin J   | Printed or typed i  | name of signer  |                         |
| I here<br>provis<br>the ob<br>to mer<br>notifie | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I is din writing of this change.  David Registeral Agent    | performand<br>d for in Che<br>hereby conf                     | this canacity. I further  | agree to comply with  | the<br>rept<br>led<br>i |