121000348454

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200393136122

08/31/22--01011--007 **25.00

2022 AUG 31 PH 4: 22

1707 1 J37

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pand P Malone, 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:
Patrick Maloney Name of Person
Pand P Maloney LLC Firm/Company
1705 Lauren Lane Address
Lady Lava F1 32159 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Potrick Maloney at (303) 507-7191 Name of Person at (303) Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations -P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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	Name of the limited liability company: Pand PMaloney LLC
2. (a	Principal office address of limited liability company: 32.159 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
3. 5. (a	Date of filing/registration in Florida Document number Chevene Moseley us Corps. Agents Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b	Unifed States Corporation Accross TWG Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5575 Semoran BVd. Suite 36 Orlando, FL 32822
the clagent was/\the and Sign I her provide the one notification.	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after range or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in dicles of organization or the operating agreement of the limited liability company. Printed or typed name of signee aby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept or a statute of the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete perform