K21000374931

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	<u></u>			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Sta	tus			
Special Instructions to Filing Officer:				
J. HORNE				
APR 1 4 2022				

Office Use Only



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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	l liability company: PENTELOW HOL				,
	Principal off	ce address of limited liability company: MUST BE STREET ADDRESS)	((b)	Mailing address of limited I	iability company:
	7005 LEOPARD			7005 LEO	(<u>Noie: MAY BE POST (</u> PARDI COURT	DEFICE BOX)
	NAPLES FL 341	14	-	NAPLES I	FL 34114	
	08/20/2021		-	L210003749		
3.	Date of	filing/registration in Florida	4.			
5. (a)	ROTHBAUM, N		٦.		Document number	~~1
(,	Registered Agent and	Registered Office shown on the records of the	Florida	a Dept. of State	:	2022 HAR 30 SECRETARY ALLAHASSE
	Registered Office Ar	idress (MUST BE FLORIDA STREET AD	DRESS			R 30 IAR ASS
	7005 LEOPARDI	COURT		4		
	NAPLES	, FL 34	1114			OF STATE OF STA
(b)	ROТНВАИМ, GAI					를로 ; 트로 ; ;
	NEW Registered Off		fice ade	dress:		
-	NAPIES		114			
agent will was/were	nited liability com r changes are mad ll be identical. Or authorized by an	pany is not organized under the laws of the teg the Florida street address of the reg to the case of a Florida limited liability affirmative vote of the members of the operating agreement of the limited	of the S istered ty con	npany, it is h	me business office of the creby confirmed that the	re registered
$\mathcal{L}^{\prime\prime}$					RK WESLEY BRIAN	
		orized representative of a member		P	rinted or typed name of sign	nee
I hereby provisión the obliga to merely notified je	accept the appoints of all statutes retitions of my positions of my positions of this city writing of this city and the state of this city and the state of this city and the state of the	nument as registered agent and agree to elative to the proper and complete perfion as registered agent as provided for in the registered office address. I here bange	g act in orman in Ch by con		-	
Signature o	of Registered Agent					
	1	Division of Corporations P.O. Box	6327•	Tallahasse	e, FL 32314	