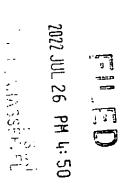
## 

| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: | (Re                     | questor's Name)   |             |
|--|-------------------------|-------------------|-------------|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Ad                     | dress)            |             |
| PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies _ Certificates of Status  | (Ad                     | dress)            |             |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Cit                    | y/State/Zip/Phon  | e #)        |
| (Document Number)  Certified Copies Certificates of Status   | PICK-UP                 | ☐ WAIT            | MAIL        |
| Certified Copies Certificates of Status  | (Bu:                    | siness Entity Nar | me)         |
|  | (Do                     | cument Number)    | <del></del> |
| Special Instructions to Filing Officer:  | Certified Copies        | _ Certificates    | s of Status |
|  | Special Instructions to | Filing Officer:   | ·           |
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|  |                         |                   |             |

Office Use Only





## COVER LETTER

| то:    | Registration Section Division of Corporations  |                   |  |            |             |                        |
|--------|--|-------------------|--|------------|-------------|------------------------|
| SUBJ   | PBI Yachting LLC   |                   |  |            |             |                        |
|        |  | me of Limited L   | iability Company   |            |             |                        |
| Dear S | Sir or Madam:  |                   |  |            |             |                        |
| The er | nclosed Registered Agent/Registered Of   | fice Change and   | fee(s) are submitted for filing.   |            |             |                        |
| Please | return all correspondence concerning to  | his matter to the | following:   |            |             |                        |
| M. Tir | nothy Hanlon, Esq.   |                   |  |            |             |                        |
|        | Name of Person   |                   | <del></del>  |            |             |                        |
| Alley, | Maass, Rogers & Lindsay, P.A.  |                   |  |            |             |                        |
|        | Firm/Company   |                   | <del></del>  |            |             |                        |
| 340 R  | oyal Poinciana Way, Suite 321  |                   |  |            |             |                        |
|        | Address  |                   | <del></del>  |            |             |                        |
| Palm 1 | Beach, Florida 33480   |                   |  |            |             |                        |
|        | City/State and Zip Code  |                   | <del></del>  |            |             |                        |
| clync( | @amrl.com  |                   |  |            |             |                        |
|        | E-mail address: (to be used for future ar  | mual report notif | ication)   |            | 20,         |                        |
| For fu | urther information concerning this matte   | r, please call:   |  |            | וור 22      | 2.7                    |
| M. Tii | mothy Hanlon   | 561<br>at (       | 659-1770   | -          | 2022 JUL 26 | 1<br>1 - 12<br>1 - 142 |
|        | Name of Person   |                   | Area Code & Daytime Telepho  | one Number | -           | ַל ע וְיַ              |
|        | 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, Sui Tallahassee, FL 32303 | te 810     | M 4: 50     |                        |
|        | Enclosed is a check for the following  | ig amount:        |  |            |             |                        |
|        | <b>■ \$</b> 25 Filing Fee  | _                 | 555 Filing Fee & Certified Copy  |            |             |                        |

INHS18 (2/14)

## 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.                   | Na                            | me of the limited liability company:  PBI Yachting, LLC  | ]<br>                                   |  |   |                                      |  |                                       |
|----------------------|-------------------------------|--|---|--|---|--------------------------------------|--|---------------------------------------|
| 2                    | (a)                           | 3839 Bee Caves Road, Suite 205   |   | (h)  | ec Caves Road, Suite 205  |                                      |  |                                       |
| 2. (a)               |                               | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | _                                       |  | Mailing address of limited (Note: MAY BE POST   |                                      |  |                                       |
|                      |                               | Westlake Hills, TX 78746   | _                                       | Westlake   | e Hills, Tx 78746   |                                      |  |                                       |
|                      |                               | 09/20/2021   | _                                       | L2100041   | 5304  |                                      |  |                                       |
| 3.                   |                               | Date of filing/registration in Florida  Andrew H. Bate   | 4.                                      |  | Document number   |                                      |  |                                       |
| 5.                   | (a)                           | Registered Agent and Registered Office shown on the records of the 9128 Strada, Suite 400  Registered Office Address (MUST BE FLORIDA STREET A   |   |  | tate:   |                                      |  |                                       |
|                      |                               | Naples, FL_  | 34105                                   |  | <u> </u>  |                                      | 202                                    |                                       |
|                      | (b)                           | M. Timothy Hanlon  |   |  |   |                                      | 2022 JUL 26                            |                                       |
|                      | (0)                           | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | Office                                  | address:   |   |                                      | - 26                                   |                                       |
|                      |                               | 340 Royal Poinciana Way, Suite 321   |   |  |   | . ,<br>. ,<br>                       | PH                                     |                                       |
|                      |                               | NEW Registered Office Address:   |   |  | <del></del>   | 71                                   | PĦ 4: 50                               | J                                     |
|                      |                               | Palm Beach , FL  | 33480                                   |  |   |                                      |  |                                       |
| ch<br>ag<br>wa<br>th | ange<br>ent<br>as/w<br>e art  | limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the                                   | registenbility of the limite            | ered office<br>company, i<br>mited liab  | and the business office<br>it is hereby confirmed the<br>ility company or as othe                               | of the                               | registe<br>chang                       | ered<br>c(s)                          |
| _                    | Signa                         | ature of a member of authorized representative of a member   | _                                       |  | Printed or typed name of  | of signe                             | c                                      |                                       |
| th<br>to<br>no       | ovis<br>e ob<br>mer<br>otifie | 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 have a considered of this change.  I the construction of this change are of Registered, Agent | ee to a<br>perfor<br>d for ii<br>hereby | ct in this comance of not considered the confirm the confirmation that the con | apacity. I further agree<br>ny duties, and I am fami<br>505, F.S. Or, if this doc<br>at the limited liability c | e to co<br>iliar w<br>umeni<br>ompai | mply w<br>ith and<br>is bein<br>ny has | ith the<br>accept<br>ig filed<br>been |
|                      |                               | {  |   |  |   |                                      |  |                                       |

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