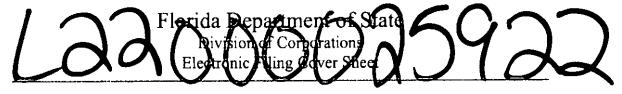
From: Sarah Acevedo

2/22/22, 11:43 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.

(((H22000068876 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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

Email Address:__

LLC REGISTERED AGENT CHANGE P&A DESIGNER LLC

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LEB 53 5055 T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: P&A DESIGNER LLC	CCT:		
Name	of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Cheyenne Moseley			
Name of Person			
Legalzoom.com, Inc.			
Firm/Company			
101 N. Brand Blvd., 10th Floor			
Address			
Glendale, CA 91203			
City/State and Zip Code			
dewaynewade752@gmail.com			
E-mail address: (to be used for future annu	al report notification)		
For further information concerning this matter, p	please call:		
Cheyenne Moseley	at () 773-0888 ext 9724		
Name of Person	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 a	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

١.	N a	ame of the limited liability company: P&A DESIGN	NER LLC		
2.	(a)		(b)		
	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		6038 SW 35TH ST., #1	6038 SW 35TH ST., #1		
		MIRAMAR, FL 33023	MIRAMAR, FL 33023		
		01/12/2022	L22000025922		
3.		Date of filing/registration in Florida	Document number		
•	(-)				
Э.	(a)	Registered Agent and Registered Office shown on the records of	The Florida Dept. of State:		
		UNITED STATES CORPORATION AGENT			
		Registered Office Address (MUST RE FLORIDA STREET ADDRESS)			
	í	5575 S. SEMORAN BLVD., 36			
		ORLANDO , FL	, 32822		
		, гւ	L <u></u>		
	(b)				
	. ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		
		Partrig Politesse	22		
		NEW Registered Office Address:			
		6038 SW 35th St.			
		Miramar , FL	L <u>33023</u> = ≧ □		
th ag w	e chi jent i as/w e art	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	iws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. Partrig Politesse		
		nture of a member or althorized representative of a member	Printed or typed name of signce		
I pr	here ovis e ob mer	the account the appointment as registered quest and an	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been Partrig Politesse		
S	ignati	the of Registered Agent	3 · · · · ·		