L2200031100

(Requestor's Name)						
	- <u> </u>					
(Add	(Address)					
(Address)						
(City/	/State/Zip/Phon	e #)				
	☐ 14/A/T	<u> </u>				
☐ PICK-UP	L] WAH	MAIL				
(Busi	iness Entity Nar	ne)				
(Doci	ument Number)	_				
Certified Copies	Certificates	s of Status				
Special Instructions to Fi	ling Officer:					
J. HORNE						
		3 0 2024				
	APH	(30 2021				

Office Use Only



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FILED AMID: 35

2021 APR 29 AM 10: 01
SECRETARY OF STATE

RECEIVED

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

04/29/2024

D	ate:	04/29/2024	172 W: CDW
		Acc#l201600000	172 GN: () 3 VI
Name:	PB44 FL	., LLC	
Document #:			
Order #:	1551775	1	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		Country of Destination	on:
Apostille/Notarial Certification:		Number of Certs:	71.
Filing: 🗸	Certi Plain COG		Email Address for Annual Report No
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amo	unt:\$ 55.00	

Thank you!

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability computation the following statement in order to change its registered office or registered agent, or both, in the State of Florida Statutes.

l. ?	Na	me of the limited liability company: PB44 FL, LLC			
2. (a	1	1776 PEACHTREE STREET NW, SUITE 100		(b)	1776 PEACHTREE STREET NW, SUITE 100
2. (4	•, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
		ATLANTA, GA 30309		-	ATLANTA, GA 30309
		01/14/2022	_	L	.22000031106
3.		Date of filing/registration in Florida	- 4.	_	Document number
5. (۱.	HERTZ, CLIFFORD I.			
J. (a)	Registered Agent and Registered Office shown on the records of 360 S. ROSEMARY AVENUE			
		Registered Office Address (MUST BE FLORIDA STREET. SUITE 1410	2024 APR 29 MM 10: 35		
		WEST PALM BEACH	33401	l ——	APR 29 AP
(t	b)	C T CORPORATION SYSTEM	_		
·	•	Enter name of NEW Registered Agent and/or NEW Registered	<u>l Office</u>	: add	ren:
		1200 SOUTH PINE ISLAND ROAD			
		NEW Registered Office Address:			
		PLANTATION . FU	3332	4	
char ager was/	ige it v /w	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the by:	ws of regis ability of the	the S terec con limit	d office and the business office of the registered in any, it is hereby confirmed that the change(s ted liability company or as otherwise provided
- (No	thew Prince	7	4AT	THEW PRINCE
	- 03/	authorized representative of a member			Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ac the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being f to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has bee notified in writing of this change.

C T Corporation System, Theresa Buck, Assistant Secretary Signature of Registered Agent