L72 0000 40950

(Requestor's Name)										
(Address)										
,										
(Address)										
(City/State/Zip/Phone #)										
PICK-UP WAIT MAIL										
(Business Entity Name)										
(Document Number)										
Certified Copies Certificates of Status										
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Special Instructions to Filing Officer:										

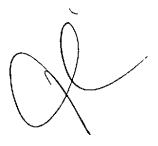
Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	PRND973264 LLC				
		me of Limite	ed Liability Company		
Dear .	Sir or Madam:				
The e	nclosed Registered Agent/Registered O	ffice Change	and fee(s) are submittee	d for filing.	
Please	e return all correspondence concerning t	his matter to	the following:		
Sydr	ney Grice				
	Name of Person				
Ande	erson Business Advisors			20:	
	Firm/Company			23 JAI	
3225	5 McLeod Drive, #100			JAN 1 - An	:
	Address				Z Z
Las	Vegas, NV 89121			<u>-</u>	۹: ۶۶
	City/State and Zip Code				-
ra@	andersonadvisors.com				
	E-mail address: (to be used for future ar	mual report r	notification)		
For fu	orther information concerning this matte	r, please call	:		
Sydr	ney Grice	800	, 7064741		
**	Name of Person	(Area Code & Day	rtime 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 Corporatio P.O. Box 6327 Tallahassee, Florida 32	ons	
	Enclosed is a check for the followin	g amount:			
			S55 Filing Fee & Cert	tified 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.

Nar	ne of the limited liability company: PRND973264	LLC					
(a)	3225 McLeod Dr, Suite 100		(b) 3225	McLeod Dr,	Suite 1	100	
· · / =	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing addres (Note: MA)			
	Las Vegas, NV 89121		Las V	egas, NV 89	121		
	1/21/2022	_	L22000	0040950			
-	Date of filing/registration in Florida	4.		Document	number		
(a)	Stacy Roderick						
	Registered Agent and Registered Office shown on the records of t	State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					20:	
	150 SE 116TH TERRACE				- :	23 J	-+;;* 1
	Williston FL	3269	6			2023 JAN 17	चे हो १ जन १ जन्म
(b) <u>'</u>	Anderson Registered Agents, Inc.					7 111	
i	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		· -	بې	772
	625 E. Twiggs Street, Suite 110					9,5	
	NEW Registered Office Address:						
	Tampa	3360:	2				
e chan ent wi is/wer e artic	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of les of organization or the operating agreement of the ley Grice	the reg bility of the li limited	gistered off company, i mited liabi	Tice and the busit is hereby cor Hity company of ompany.	siness of tirmed t	fice of hat the	the registere change(s)
Signatu	re of a member or authorized representative of a member			Printed or typ	red name o	of signee	
e oblig merel	Contract Contract Contraction of the	verjori Hor in	nance of n Chapter 6	w duties, and 1 805 FS Or ii	' am fam. Cthis doc	iliar wi umant	ith and accep

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

Signature of Registered Agent