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Special Instructions to F	Filing Officer:					





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A. RAMSEY MAY 18 2072



INHS18 (2/14)

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: PINNACLE CAPITAL G	ROUP LLC
		e of Limited Liability Company
Dear Si	ir or Madam:	
The en	closed Registered Agent/Registered Off	ce Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	s matter to the following:
RUS	LAN OZERUGA	
	Name of Person	
PIN	NACLE CAPITAL GRO	DUP LLC
	Firm/Company	
PO E	3OX 46024	
	Address	
TAM	PA, FL 33646	
	City/State and Zip Code	
PINN	IACLECAPITALGROUP@YI	MAIL.COM
E	-mail address: (to be used for future and	ual report notification)
For fur	ther information concerning this matter	please call:
RUS	LAN OZERUGA	at (503) 705-9311
	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	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

1.	Na	me of the limited liability company: PINNACL	ne of the limited liability company: PINNACLE CAPITAL GROUP LLC				
2.		RUSLAN OZERUGA	(_{b)} RUSLAI	N OZERUGA		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	M	niling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		7901 4TH ST N, STE 300		PO BOX	(46024		
		ST. PETERSBURG, FL 33702	_	TAMPA, I	FL 33646		
		3/11/2022		L22000	128770		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)	RUSLAN OZERUGA					
٦.	(41)	Registered Agent and Registered Office shown on the records of t	he Flori	la Dept. of State:			
		8301 DUNHAM STATION DR			2022		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	29 T		
					司一一		
		TAMPA	3364	7	APR 18 P		
	(b)	Registered Agents Inc.			FILED PRIB PRI: 08		
	(1)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	~ 8		
		7901 4th St N					
		<u>NEW</u> Registered Office Address:	, <u>-</u>				
		STE 300					
		St. PETERSBURGFL	3370	2			
the age	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ibility of the li	iistered office company, it is mited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
		anderson.		USLAN O	ZERUGA		
	Signa	ture of a member or 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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

- Assistant Secretary