To:

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.

(((H230001937453)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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)389-0502

\*\*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 ANDY'S PLACE 7 BY P.C.P.M LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX MAY 3 0 2023 Τo

STREET/COURIER ADDRESS:

Name of Person

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	ame of the limited liability company:	ANDY'S PLA	CE 7 BY	P.C.P.M	1 LLC			
2. (a)	3328 County Rd. 431		(b)	(b) 3328 County Rd. 431				
(11)	Principal office address of limited lia (Note: MUST BE STREET A		_		Mailing address ( (Note: MAY I	of limited liab		-
	Lake Panasoffkee, FL 33538		_	Lake Pa	nasoffkee, FL 33538			
				•	·	<del></del>		
	04/06/2022		!	L <b>220</b> 0016	55764			
3.	Date of filing/registration in	Florida	4.		Document nu	ımber		
5. (a)	United States Corporation Age	ents, Inc.						
J. (11)	Registered Agent and Registered Office show	wn on the records of	the Florida	Dept. of State	<del>!</del> :			
	476 Riverside Ave.							
	Registered Office Address (MUST BE F	LORIDA STREET	DDRESS		•			
	Jacksonville	D1	32202		•			
		, FL						
(b)	Isaac Desalvo	•						
(0.7	Enter name of NEW Registered Agent and	or NEW Registered	Office add	ress:	• ,	;~ <b>-</b>		
	0000 0 4 5 404	١				<b>.</b>	282	
	3328 County Rd. 431	'	•		-		2023 200	
	NEW Registered Office Address:							
				<del></del>	•		ري دي	
	–							<b>-</b> -
	Lake Panasoffkee	, FL	33538	<del></del>		- ,		
the cha agent v was/w	imited liability company is not organing or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote ieles of organization or the operating	ized under the lay street address of Florida limited lia of the members of	vs of the the regis ability co of the limited li	tered office mpany, it is ited liability	e and the busi s hereby conf y company or apany.	ness office irmed that	of the rather the chan	egister g <b>e</b> (s)
Signa Signa	ture of a member or authorized representative	of a inember	<del></del>		Printed or type	d name of sig	nce	
provisi the obli to mer notified	by accept the appointment as register fons of all statutes relative to the proping the proping as registered elv reflect a change in the registered of in writing of this change.	red agent and agr per and complete agent as provide office address, I i	ee to act performa I for in C hereby co	in this cape ince of my e hupter 605 nfirm that	acity. I furthe duties, and I c , F.S. Or, if i the limited lia	er agree to un familia his docum ability com	comply with ar ent is be pany has	with the id accep ing filed i been