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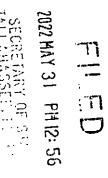
| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| ,                                       |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Prione #)               |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
| J. HORNE<br>AUG - 9 2022                |
| AUG - 9 2022                            |
| 2022                                    |
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Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations   |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| SUBJECT: Pingalatech LLC Name of Limited Liability Company                                  |   |  |  |  |  |  |  |
| Dear Sir or Madam:  |   |  |  |  |  |  |  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |   |  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:                   |   |  |  |  |  |  |  |
| Antoic C Espinosa<br>Name of Person   | _   |  |  |  |  |  |  |
| Pingalatech LLC Firm/Company  | _   |  |  |  |  |  |  |
| Loled (colidge Street   | _   |  |  |  |  |  |  |
| Flotly word for 33024  City/State and Zip Code  | _   |  |  |  |  |  |  |
| E-mail address! (to be used for future annual report notific                                | eation)   |  |  |  |  |  |  |
| For further information concerning this matter, please call:                                |   |  |  |  |  |  |  |
| ANTONIO ESPACSI at (786 Name of Person  |   |  |  |  |  |  |  |
| Mailing Address:  | Street Address:   |  |  |  |  |  |  |
| Registration Section Division of Corporations   | Registration Section Division of Corporations             |  |  |  |  |  |  |
| P.O. Box 6327   | The Centre of Tallahassee                                 |  |  |  |  |  |  |
| Tallahassee, FL 32314   | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |  |  |  |  |  |  |
| Enclosed is a check for the following amount:   |   |  |  |  |  |  |  |
| □ \$25 Filing Fee   | 5 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.

| I. Na                            | me of the limited liability company: Pragalatect   | h, LL   | · <u>C</u>  |  |                                  |                                    |
|----------------------------------|--|---|---|--|----------------------------------|------------------------------------|
| 2. (a)                           | Principal office address of limited liability company:   | (b)   | Mailing address of limi   | ited liability                                     |                                  |                                    |
|                                  | (Note: MUST BE STREET ADDRESS)   |   | (Note: MAY BE PO  | ST OFFICE  | E BOX                            | )                                  |
|                                  | Hellywood fr 33024   |   | Mollywood   | Xe ?   | <u> </u>                         | <u> </u>                           |
|                                  |  |   |   |  |                                  |                                    |
|                                  | GCUC/11/40   | Ĺ:  | 220001731   | 869  |                                  |                                    |
| 3.                               | Date of filing/registration in Florida 4.  |   | Document number   | r  |                                  |                                    |
| 5. (a)                           | Espinosa Antonio C<br>Registered Agent and Registered Office shown on the records of the Flo   | orida Dent. of                                      | State:  |  |                                  |                                    |
|                                  |  |   |   |  |                                  |                                    |
|                                  | Registered Office Address (MUST BE FLORIDA STREET ADDR   | RESS)   | <del></del>   |  |                                  |                                    |
|                                  | 6621 Coolidge Street   |   |   |  |                                  |                                    |
|                                  | 10621 Coolidge Street Hollywood ,FL 2  | 33024   |   | J#I<br>SE  | 202                              |                                    |
| (b)                              | Gustavo Adolfo Wigo Ferreira   |   |   | CAH  | 2 HA                             |                                    |
|                                  | Enter name of NEW Registered Agent and/or NEW Registered Office  | e address:  |   | iAR<br>ASS   | <del>~</del> ယ                   |                                    |
|                                  |  |   |   | m<br>Cg  | —<br>—                           | =                                  |
|                                  | NEW Registered Office Address:   |   |   | - <del>-</del> 25.                                 | PM 12:                           |                                    |
|                                  | 1127 regimered office Address.   |   |   | ; -i   | .: 5 <u>1</u>                    |                                    |
|                                  | Hollywood FL 32  | 3.7.Y   | <del></del>   |  |                                  |                                    |
|                                  |  |   | <del></del>   |  |                                  |                                    |
| change                           | mited liability company is not organized under the laws of<br>or changes are made, the Florida street address of the regis<br>will be identical. Or, in the case of a Florida limited liability  | stered office                                       | e and the business offic  | ce of the re                                       | gister                           | ed                                 |
| was/we                           | re authorized by an affirmative vote of the members of the clessor organization or the operating agreement of the limite   | limited liab  | bility company or as ot   |  |                                  |                                    |
| _//                              | 10/2   | Ar  | Printed or typed name   | hosq   |                                  |                                    |
| 0                                | ure of a member or authorized representative of a member   |   |   | <del>-</del>                                       |                                  |                                    |
| provision<br>the obli<br>to mere | ny accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perfogations of my position as registered agent as provided for ly reflect a change in the registered office address, I hereby in writing of this change. | act in this ormance of in Chapter<br>by confirm the | capacity. I further agr<br>my duties, and I am far<br>605, F.S. Or, if this do<br>hat the limited liability | ee to comp<br>miliar with<br>ocument is<br>company | oly wi<br>and and being<br>has b | th the<br>accept<br>g filed<br>een |
| Simo                             | and Registered Asset   |   |   |  |                                  |                                    |
| Signatur                         | e of Registered Agent  |   |   |  |                                  |                                    |