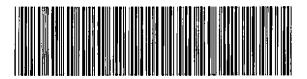
## L22000 325 954

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

Office Use Only



500407796835

05/01/23--01020--010 \*\*25.00



## COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	Penjul Properties LLC					
COD.T.C.	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registere	d Office Change an	d fee(s) are submitted for filing.			
Please retui	rn all correspondence concerni	ng this matter to th	e following:			
Nicholas Pa	rrinello					
	Name of Person		<del></del>			
Penjul Prop	erties					
	Firm/Company					
607 W Hora	atio St					
	Address					
Tampa, FL	33606		12 yet 			
_	City/State and Zip C	ode	<del></del>			
nick.parrine	llo@gmail.com					
E-ma	il address: (to be used for futur	re annual report not	ification)			
For further	information concerning this m	natter, please call;	t.,			
Nicholas Pa	rrinello	813 at (	469-5602			
	Name of Person	(	Area Code & Daytime Telephone Number			
Re Div P.C	gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303			
En	closed is a check for the follo	owing 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: Penjul Properties	LLC					
2. (a)	607 W Horatio St	(1	(b) PO Box 320793				
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Tampa, FL 33679				
	Tampa. Fl. 33606	<del>-</del>					
	7/22/2022		L22000325	5954			
3. 5. (a)	Date of filing/registration in Florida Nicholas Parrinello	4.		Document nu	ımber		
, , (,	Registered Agent and Registered Office shown on the records of 15343 Amberly Dr	ite:					
	Registered Office Address (MUST BE FLORIDA STREET	_					
(b)	Tampa FI	33647	3647				
	Nicholas Parrinello						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	<del></del>		
	607 W Horatio St						
	NEW Registered Office Address:			-	$\frac{1}{4}$ , $\frac{a}{a}$		
	Tampa F1	33606		_			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of clessof organization or the operating agreement of the	ws of the register ability co of the lin limited	ed office ar impany, it i nited liabili	nd the business is hereby confi ty company or mpany.	office of the registered rmed that the change(s)		
Signa	Signature of a member or authorized representative of a member			Printed or typed name of signee			
provisi The obl T <del>o </del> mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide Agreflect a change in the registered office address. I I'm writing of this change!	perform d for in (	ance of my Thapter 60.	duties, and La 5, F.S. Or, if t	m familiar with and accept his document is being filed		
Signatu	re of Registered Agent						