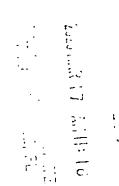
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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300404398193



COVER LETTER

то:	Registration Section Division of Corporations	·		
SUBJ				
	Name	of Limited L	iability Company	
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.	
Pleasc	e return all correspondence concerning this r	natter to the	following:	
Paula	Hertzberg			
	Name of Person			
35 PR	Associates LLC			
	Firm/Company			
10205 Collins Ave. (PH2)				2020 117.15
	Address		; 1	7.
Bal Ha	urbour. Fl. 22154			! !
_	City/State and Zip Code	•	1	
paulah	ertzberg@gmail.com		; ',	;
	E-mail address: (to be used for future annua	l report notif	ication)	
For fu	rther information concerning this matter, plo	ease call:		
Paula :	Hertzberg	305 at (905-9747	
	Name of Person		Area Code & Daytime Telephone N	umber
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0
	Enclosed is a check for the following an	nount:		
	■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified 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.

1. N	ame of the limited liability company: 35 PR Associate	s LLC	· · · · · · · · · · · · · · · · · · ·
2. (a)		(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10205 Collins Ave. (PH2)		
	Bal Harbour, Fl 33154		
	9/23/2022	1.2.	2000416645
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Sandra M Eugeni		
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS _I	
	10205 Collins Ave. 301		
	Bal Harbour	L_33154	r
(b)	Paula Hertzberg Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	<u>sss</u> :
	NEW Registered Office Address:		
	10205 Collins Ave. (PH2)		F : C
	Bal Harbour F	L ³³¹⁵⁴	
change agent was/w the art Signa I here provis the obto nortifie	imited liability company is not organized under the last or changes are made, the Florida street address of the or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It din writing/of this change.	e registered of iability comp of the limited liab limited liab	office and the business office of the registered any, it is hereby confirmed that the change(s) if liability company or as otherwise provided in lity company. Printed or typed name of signee this capacity. I further agree to comply with the