Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

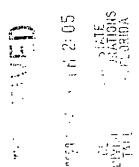
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE PG GLOBAL EXIM, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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## Fax: 8134365206

## 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: PG GLOBAL E	EXIM, LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/05/2022	L220004	29339
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INC AUTHORITY RA		
	Registered Agent and Registered Office shown on the records		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	390 NORTH ORANGE AVE., STE 2300-N		
	ORLANDO	FL_32801	
		I L	
(b)	Registered Agents Inc		<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office address:	n 3
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Pelersburg	33702 FL	
the chagent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of th	s of the registered of d liability company, rs of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) oility company or as otherwise provided in
Sign	nue of a member or authorized representative of a member		Printed or typed name of signee
1 here	by accept the appointment as registered agent and cions of all statutes relative to the proper and completing attoms of my position as registered agent as proviety reflect a change in the registered office address, which writing of this change.	agree to act in this e ete performance of i ided for in Chapter . I hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been

**David Roberts** 

- Assistant Secretary