## Electionic Fifth

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (855)330-1010

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

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## LLC REGISTERED AGENT CHANGE PEAR ESTATE L.L.C.

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T. LEMIEUX

APR 2.5 2023

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## 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

Na	ime of the limited liability company: Pear	Estate L	.LC			
	Principal office address of limited liability comp	<u> </u>	וו וו	Mailing address of limited ha		
	( <u>Note: MUST BE STREET ADDRESS</u> )	<u>,                                      </u>		(Note: MAY BE POST OF		
	02/06/2023		 L2300	0066824		
	Date of filing/registration in Florida	4.		Document number		
(a) _	CARLOS PEREZ					
	Registered Agent and Registered Office shown on the re-	cords of the Florid	a Dept. of State			
	345 SWEETGUM CT	45 SWEETGUM CT				
	Registered Office Address (MUST BE FLORIDA S					
	PALM HARBOR	34683	3			
(h)	Registered Agents Inc					
<u> </u>	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	egistered Office ad	dress:			
	7901 4th St N			;		
	NEW Registered Office Address.			`	: 26	
	STE 300				23	
	St. Petersburg	33702	2	·	2023 100 24	
cha int w s/we	imited liability company is not organized under nge or changes are made, the Florida street ad- will be identical. Or, in the case of a Florida line authorized by an affirmative vote of the me cles of organization or the operating agreemen	r the laws of the dress of the regi mited liability co mbers of the lin	State of Flo stered office ompany, it is inted liability	and the business office shereby confirmed that, y company or as otherw	med that after of the registe the change(s)	
	Padi na pang		bin Jone	S		
ienat	ture of a member or authorized representative of a member			Printed or typed name of sig	enec	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been natified in writing of this change.

who press Da

David Roberts - Assistant Secretary

Signature of Registered Agent