

L24 000094138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

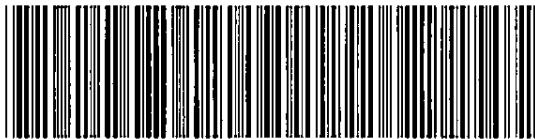
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2024 AUG -9 PM 1:12

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PBACK DEVELOPMENT 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:

Giovanni Piana Netto

Name of Person

PBACK DEVELOPMENT LLC

**Firm/Company**

7901 4th St N Ste. 300

**Address**

St. Petersburg, FL 33702

**City/State and Zip Code**

compliance@accoretax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following 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. Name of the limited liability company:	PBACK DEVELOPMENT LLC	
2. (a) 16582 SILVERSAW PALM DR	(b) 16582 SILVERSAW PALM DR	
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>		
WINTER GARDEN, FL 34787		
WINTER GARDEN, FL 34787		
3. Date of filing/registration in Florida	4. Document number	
5. (a) ICONNECT SOLUTIONS CORP	L24000094138	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
6735 CONROY ROAD		
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>		
STE 309		
ORLANDO, FL 32825		
(b) Registered Agents Inc	FILED 2024 AUG -9 PM 1:12 FLORIDA STATE AGENCY	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
7901 4th St N		
NEW Registered Office Address:		
STE 300		
St. Petersburg, FL 33702		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

GIOVANNI PIANA NETTO

Printed or typed name of signee

*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 notified in writing of this change.*

  
Signature of Registered Agent

David Roberts - Assistant Secretary