



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

## (((H240002751713)))



H2400027517134BCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	COMPUTERSHARE
Account Number	:	110432003053
Phone	:	(561)694-8107
Fax Number	;	(561)214-8442

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

Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE PIB HOLDINGS LLC



Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



Electronic Filing Menu Corporate Filing Menu

Help

: Brumbley

## 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.

I. Na	me of the limited liability company: PIB Hold	ding	s, LL(	<u> </u>			
2. (a)		_ (b	)	- <u></u> -			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Х	dailing address of I ( <u>Note: MAY BE</u>			
	12555 Biscayne Blvd, #420		12555	5 Biscayr			
	North Miami, FL 33181	-	—, ——,	n Miami		,	• • • • • •
	06/14/2024		L240(	002720	92		
3.	Date of filing/registration in Florida	4.		Document num	ber		, _ ,
5. (a)	UNIVERSAL REGISTERED AGE	ENT	S, INC.				
,,	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:			
	UNIVERSAL REGISTERED AGE	ΞΝΤ	S, INC.				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	 !				
	1317 CALIFORNIA ST						
	TALLAHASSEE	323	04				
(b)	eResidentAgent, Inc.					20	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office add	tress:			24 Å	٠,
	eResidentAgent, Inc.					2024 AUG 16	FIL.
	<u>NEW</u> Registered Office Address:				· ·		60
	115 N Calhoun St Suite 4					12	
	Tallahassee	323(	01			PH 12: 34	
If the lin change	nited liability company is not organized under the laws or changes are made, the Florida street address of the re	of the f	State of Flor	rida, it is hereby	confirm	ied tha	t 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

Erika Easter

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. Thereby confirm that the limited liability company has been notified in writing of this change.

بر بر **ز**یا دی

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00