Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 191-280 (Corporation Name) (Document #) 300003449053----11/02/00--01071--009 (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Certificate of Status ☐ Photocopy ☐ Will wait Mail out **NEW FILINGS AMENDMENTS**

Profit

Not for Profit

Limited Liability Domestication

Other

OTHER FILINGS

Annual Report Fictitious Name

- Amendment
- Resignation of R.A., Officer/Director

Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

REGISTRATION/QUALIFICATION

Foreign

Limited Partnership

Reinstatement

Trademark Other

Examiner's Initials

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the state of Prortate.
1. The name of the limited liability company is: PPCT PRODUCTS UC.
2. The mailing address of the limited liability company is: 1635 West & ACE.
Hialeah FL 33016
2-2-99 1.9900000 Z80
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: ALEX KURLIN Habel Lewis Name PAHMAN TWO S. BISCOUNE BLVD, #3440 Address City, State and Zip P97-5528
6. The name and address of the new registered agent and/or office: Ath: ANDREW FREDMON Name CEUTER ROLL Florida street address (P.O. Box NOT acceptable) City, State and Zip
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)
(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 608, 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.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00