

11/16/2020

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****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
PVG INSURANCE GROUP, LLC**

Certificate of Status	0
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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 Florida.

1. Name of the limited liability company: PVG INSURANCE GROUP, LLC
2. (a) 1314 E LAS OLAS BLVD # 285
Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)
- (b) 1314 E LAS OLAS BLVD # 285
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
- FORT LAUDERDALE, FL 33301-2334 FORT LAUDERDALE FL 33301-2334
3. 06/18/2002 Date of filing/registration in Florida 4. M02000001568 Document number
5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
1201 Hays Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301
- (b) INCORPORATING SERVICES, LTD.
Enter name of NEW Registered Agent and/or NEW Registered Office address
1540 Glenway Drive
NEW Registered Office Address.
Tallahassee, FL 32301

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TALLAHASSEE

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.

ANDRES LAURIA

Signature of a member or authorized representative of a member

Printed or typed name of signer

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
Renee T. Kent, Assistant Secretary