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(F	Requestor's Name)				
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Account#: I20000000088

Date:	ACCOUNT#. 120000000000
Name: Chris Vick	
Reference #:	
Entity Name: PC PELICAN POINTE, LLC	
Articles of Incorporation/Authorization to Transact Busin	ness
Amendment	
✓ Change of Agent	FALLAHASS
Reinstatement	A
Conversion	W W
Merger Merger	A 8: 56
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: / / \$ 25.00	

© CORPORATE HQ

COGENCY GLOBALING. 10 E 40 ST, 10 1 FL NY, NY 10016 800.221.0102 +1,212.947.7200

PEUROPEAN HQ

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@ ASIA PACIFIC HQ

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Account#: 120000000088

Date: 03/13/2018		
Name: Chris Vick		
Reference #:		
Entity Name: PC PELICAL	N POINTE, LLC	
Articles of Incorporation/Authoriz	zation to Transact Business	
Amendment		·
Change of Agent		
Reinstatement		
Conversion		22
Merger		2018 FIELD 1871
☐ Dissolution/Withdrawal		Sold To Pro-
☐ Fictitous Name		A 8: 5
Other		

Authorized Amount

Signature:

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 COGFNCY GLOBALING
 IO E 40 St. 10 Ft
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 +1,212,947,7200

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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:			PC PELICAN POINTE, LLC		
2. (a)	360 Cental Avenue, Suite 1720		(b)3	60 Cental Avenue, Suite 1720	
<u>-</u> . (u , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		St. Petersburg, FL 33701	_		St. Petersburg, FL 33701	
		9/20/2013			M13000005978	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	NRAI SERVICES, INC Registered Agent and Registered Office shown on the records of			_	
		Registered Agent and Registered Office shown on the records of	ite:			
		1200 SOUTH PINE ISLAND ROAD				
		Registered Office Address (MUST BE FLORIDA STREET				
		PLANTATION , FI		33324	TALLAHASSEE ALIMIT	
(b)	hì	COGENCY GLOBAL INC.			影 三 T	
	Uj	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- V	
		115 North Calhoun Street, Suite 4			- S	
		<u>NEW</u> Registered Office Address:			<u> </u>	
		Tallahassee , FI		32301	_	
the ager	chai nt w /we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the re ability of the l	gistered office company, it imited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
		/S/ Tom Buckley			Tom Buckley	
Si	gnat	rure of a member or authorized representative of a member		· -	Printed or typed name of signee	
prov the to m	visio obli vere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I I in writing of this change.	ree to d perfor ed for ii hereby	nct in this cap mance of my n Chapter 60 confirm that	pacity. I further agree to comply with the adules, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
<u> </u>		/S/ Tim Mayville, Assistant Secretary				
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