M1300000 5980

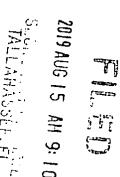
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	PC WINGWOOD, LLC						
		ne of Limited I	Liability Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	e following:				
Mike	Mirrione						
	Name of Person						
Wolz	CorporateUSA						
	Firm/Company		······				
36 Sc	outh 18th Avenue, Suite D						
	Address						
Bright	ton, CO 80601						
- .	City/State and Zip Code		_				
mike@	@wolzcorporate.com						
E	-mail address: (to be used for future ann	ual report noti	fication)				
For furt	ther information concerning this matter.	please call:					
Mike I	Mirrione	303	655-9659				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro D P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314				
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy				
INHS 18	(2/14)						

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: PC WINGWOO	OD, LL	LC		
2. (a)	4956 NORTH 300 WEST, STE 300	(t	2)	4956 NC	ORTH 300 WEST, STE 300
,	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,	7	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		PROVO, UT 84604	_	-	PROVO,	UT 84604
		09/20/2013	-	1	M130000	05980
3.		Date of filing/registration in Florida	4.	_	•	Document number
5.	(a)	COGENCY GLOBAL INC.				
	•	Registered Agent and Registered Office shown on the records of the 115 NORTH CALHOUN STREET	e Florida	a 1	Oept, of State	·
		Registered Office Address (MUST BE FLORIDA STREET A) SUITE 4	DDRESS	<u></u>		
		TALLAHASSEE .FL	32301			
(h)		Universal Registered Agents, Inc.				2019 AUG 15 Sellatiahas
		Enter name of NEW Registered Agent and/or NEW Registered C	office ad	dr	ess:	E E T
		1317 California Street				(6)
		NEW Registered Office Address:			<u>.</u>	
		Tallahassee	32304			; 0
the cager was the cager	chai it w we irtic	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable of a properties of authorized representative of a member of authorized representative of a member of a statiles relative to the proper and complete parties of all statiles relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address. The	he regis bility co the lim imited l Jeff	ste om iite lia f [ered office apany, it is ed liability bility comp Danley	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee
	i.	iv reflect a change in the registered office address, The in writing of this change.	reby co	oni	firm that ti	he limited liability company has been
	1	Division of Cornorations P.O. Re	w 6327	7 🛋	Tallahass	:00 FL 32311

FILING FEE: \$25.00