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(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone #)	<u> </u>			
PICK-UP		MAIL			
(Bt	usiness 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						
SUBJECT: PC WINGWOOD, LLC						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning th	-					
Mike Mirrione						
Name of Person						
WolzCorporateUSA						
Firm/Company						
36 South 18th Avenue, Suite D						
Address	· · · · · · · · · · · · · · · · · · ·					
Brighton, CO 80601						
City/State and Zip Code						
mike@wolzcorporate.com						
E-mail address: (to be used for future annu	nual report notification)					
For further information concerning this matter,	please call:					
Mike Mirrione	303 655-9659					
Name of Person	Area Code & Daytime Telephone N					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following a	amount:					
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
NHS18 (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.

1. N	lame of the limited liability company: PC WINGWO	00D, I	LL	2				
2. (a)	4956 NORTH 300 WEST, STE 300	(b) 4956 NORTH 300 WEST, STE 300						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compan (Nate: MAY BE POST OFFICE BOX)			company	:		
	PROVO, UT 84604		•	PROV	O, UT 84604			
	09/20/2013	_		V1300	0005980			 -
3.	Date of filing/registration in Florida	4.	_		Document number			_
5. (a)	UNIVERSAL REGISTERED AGENTS, INC.							
, ,	Registered Agent and Registered Office shown on the records of t	he Florid	ja D	ept, of Sta	nte:			
	1317 CALIFORNIA ST							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>		_			
	TALLAHASSEE	32301				⊼⊼S	20	
(b)	COGENCY GLOBAL INC.					ECRE"	2019 KO V	7
	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	φre	<u></u>	_			
	115 NORTH CALHOUN STREET					XE OF	8 AM	7
	NEW Registered Office Address:				-	20.7 20.3 21.5	क्	
	SUITE 4					多希	-	
	Tallahassee , FL 3	32301			_	75≁	•	
agent w was/wer the artic	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of eles of organization or the operating agreement of the limited liables.	ility co the lim mited li	mp itec iabi	any, it is	e and the business off s hereby confirmed th	fice of the	register	red
	Signature of a dember or authorized representative of a member				Printed or typed name of signee			
provision the obligation of th	vaccept the appointment as registered agent and agree ns of all statutes relative to the proper and complete perations of my position as registered agent as provided for reflect a change in the registered office address. I her in writing of this change.	to act erforma for in C reby co	in i ince haj nfii	his capa of my a oter 605, on that i	acity. I further agree luties, and I am fami, F.S. Or, if this doc the limited liability co	to compliar with a liar with a ument is b ompany h	y with the ind acce eing file as been	he ept ed
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albuştare	of Registered Agent							