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"Your Compliance Solution"

Phone: (636) 639-1880 Fax: (636) 639-1233 www.y2yc.com

Via USPS - Priority Mail

November 4, 2019

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

To Whom It May Concern:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Pessada Holdings, Inc.

The following documents make up the application 'packet':

- · Cover Sheet;
- this cover letter;
- check # 2659 in the amount of \$35.00;
- Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

Your acknowledgement of receipt and subsequent acceptance of this application will be appreciated. If you have any questions or need additional information please contact me at the phone, fax numbers or e-mail address listed below or by mail at the address listed above to the Attention of Diann Dillon.

Please send approval or other documents to:

Diann Pruitt Year to Year Consulting, LLC 1580 N. Point Prairie Rd. Wentzville, MO 63385

Thank you for your consideration.

Respectfully Submitted,

Diann Pruitt

Analyst/Product Compliance Year to Year Consulting, L.L.C.

diann.pruitt@y2yc.com Phone: (636) 639-1880 Fax: (636) 639-1233

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Pessada Holdings, LLC					
Name	of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Diann Pruitt					
Name of Person					
Year To Year Consulting, L.L.C.					
Firm/Company	 				
1580 N Point Prairie Road					
Address					
Wentzville, MO 63385					
City/State and Zip Code					
diann.pruitt@y2yc.com					
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, p	lease call:				
Diann Pruitt	at (636) 639-1880				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section Division of Corporations				
Division of Corporations Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (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: Pessada H	oldii	ngs, LL	<u>C</u>	
2. (a)	55 Nationalway Shopping Center			167 Lamp & Lantern Village, #127	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Manchester, MO 63011	_	Cheste	rfield, MO 63017	
	12/04/2015	_	M1500	0009709	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Lee Kalamitsiotis				
). (a)	Registered Agent and Registered Office shown on the records of th	e Florid	la Dept. of Stat	- e:	
	312 Lake Circle #107				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>S)</u>	-	
	North Palm Beach	33408		_	
	, FL			_	
(b)	Registered Agents Inc.				
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ac	idress:	-	
	7901 4th St N			~~ ~	
	NEW Registered Office Address:				
	STE 300			FIL NOV 12	
	St. Petersburg	3370)2	12 P III	
he cha igent w was/we	imited liability company is not organized under the law- nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab- tre authorized by an affirmative vote of the members of less of organization or the operating agreement of the li	he reg bility c the lin mited	istered offic ompany, it i nited liabilit	orida, it is hereby confirmed that after e and the business effice of the registered shereby confirmed that the change(s) y company or as otherwise provided in appany.	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
provisio he obli o mere	by accept the appointment as registered agent and agressions of all statutes relative to the proper and complete projections of my position as registered agent as provided ally reflect a change in the registered office address. I his writing of this change. Bill Havre - Assistant	erforn for in creby c	iance of my Chapter 60: confirm that	duties, and I am familiar with and accep 5. F.S. Or, if this document is being filea	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**

- Assistant Secretary

Signature of Registered Agent