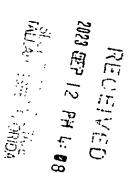
M17000001800

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

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	09/12/2023				
Name:					
	#:2118107				
		PRPR, LLC			
☐ Ame	eles of Incorporation/Authorizatendment endment nge of Agent nstatement version	ion to Transact Business			
☐ Merger☐ Dissolution/Withdrawal					
_	tious Name er				
Authorized Signature:					

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	DECT:	PRPR, LLC			
	Name	of Limited Liability Company			
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Pleas	e return all correspondence concerning this	s matter to the following:			
	Name of Person				
	Name of Terson				
	COGENCY GLOBAL INC.				
	Firm/Company				
	115 North Calhoun Street, Suite	4			
	Address				
	Tallahassee, FL 32301				
	City/State and Zip Code				
	dlittwin@dugganbertsch.com				
	E-mail address: (to be used for future annual	ial report notification)			
For fi	urther information concerning this matter,	please call:			
	Name of Person	at () Area Code & Daytime Telephone Number			
	Name of Ferson	Area Code & Daytine Perephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations Clifton Building	Division of Corporations 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	S55 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.

1.	Na	me of the limited liability company:	· _ .	PRPR, LLC
2	(a)	040 C COLLIED BLVD LINE 1401	(b)	840 S COLLIER BLVD UNIT 1401
	11	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
		MARCO ISLAND, FL 34145		MARCO ISLAND, FL 34145
		03/02/2017		M17000001800
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	DUGGAN BERTSCH PLLC		
3 , (i	(4)	DUGGAN BERTSCH PLLC Registered Agent and Registered Office shown on the records of	the Florida Dept	t. of State:
		875 109TH AVENUE N.		
		Registered Office Address (MUST BE FLORIDA STREET)		
		Suite 302		11 2
		NAPLES FL	34108	FILED 2023 SEP 12 PH 12: 05 TÄLLAHASSEELFLÜRIDA
(b)	(b)	(b) Cogency Głobal Inc.		SEP 12
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		
		115 North Calhoun Street, Suite	PH I2: 05	
		NEW Registered Office Address:		10A
		Tallahassee FL	3230	 1
th ag w	e cha gent v as/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the registere ability compact the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		/S/ James M. Duggan		James M. Duggan
	Signa	nure of a member or authorized representative of a member		Printed or typed name of signee
pr th to	rovisi e obi mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	ee to act in to performance d for in Chap hereby confir	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been
		ISI Sean Chase		

Signature of Registered Agent