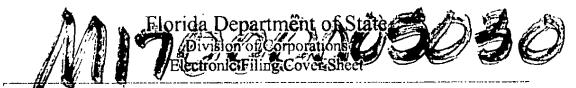
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7/2/2020

Division of Corporations



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Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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LLC REGISTERED AGENT CHANGE PF LAKE CITY LLC

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Help

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: PF LAKE CITY I	LI.C			
2	(a)	22 Northwestern Drive Suite 2		(b) 27 Northwestern Drive Suite 2		
<u> -</u> .	(a)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
		Salem NH 03079	_	Salem NH	03079	
						
		06/12/2017		M17000005	030	
3.		Date of filing/registration in Florida	4.	***************************************	Document number	
5	(n)	MIKE MURRAY				
J.	(4)	Registered Agent and Registered Office shows on the records of	the Florie	la Dept. of Stat		
		2771 MONUMENT RD			ت- نس <u>:</u>	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			E C	
					1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
		JACKSONVILLE , FL	32225			
		C T Corporation System	-		- - 3: 06	
	(b) Heter name of NEW Registered Agent and/or NEW Registers			alabara ar	. G	
		Finter name of ACA REPUETER AREA and the ACA REPUELED	oures.			
					_	
		NEW Registered Office Address:				
		1200 South Pine Island Road		-		
		Plantation	33324			
th ag w.	e cin enti as/w	imited liability company is not organized under the la inge or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the feet is ability of the literated in the literat	gistered offic company, it i mited liabili	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.	
	-	ture of a member or authorized representative of a member			Printed or typed name of signer	
By	и <i>у</i> т. :	by accept the appointment as registered agent and agions 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 d in writing of this change. C T Corporation System or of Registered Agent			acity. I further agree to comply with the duties, and I am familiar with and acceps, F.S. Or, if this document is being filed the limited liability company has been	
٠.	- E-14(Kimberly Bowens, Asst. Se	ecretary	i		

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