## H800011619

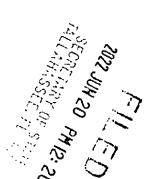
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Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	. : I2000000195								
REFERENCE	E : 760300 7796072								
AUTHORIZATION	Lovel & Bloma								
COST LIMIT	T : (\$ 25.00								
ODDED DAME Tour OR ORDER									
ORDER DATE : June 20, 2022									
ORDER TIME : 2:57 PM									
ORDER NO. : 760300-014									
CUSTOMER NO: 7796072									
CHANGE OF AGENT									
NAME: PROFORCE, LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY									
XX PLAIN STAMPED COPY									
CONTACT PERSON: Alexxis Weil	land								
E	EXAMINER'S INITIALS:								

## 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.	Name of the limited liability company: PF ROW LLC					
2. (a	40507 PUMPKIN CENTER ROAD	ť	(b)	0507 PUMPI	KIN CENTER ROAD	
~. (	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		,0),		ling address of limited lia Note: MAY BE POST OF	
	HAMMOND, LA 70403-1835		_	HAMMOND,	LA 70403-1835	
			_			
	12/26/2018		٨_	/1800001161	19	
3.	Date of filing/registration in Florida	4.		Do	ocument number	
5. (	a)					
	a)	f the Florid	da D	ept. of State:	TAL	<b>20</b>
	C T CORPORATION SYSTEM				 د د د	7022 JUH 20 SECRETARY
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		(本) (2)	
	1200 SOUTH PINE ISLAND ROAD				Si En	20
	PLANTATION	33324				量河
						id Re O
(১	o)				••'	20
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ddr</u>	<u>ess</u> :		
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee FI	32301 L				
chan agen was/	e limited liability company is not organized under the la ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	e register lability c of the lir	red om mite	office and the pany, it is hered I liability co	ne business office of the treby confirmed that to the company or as otherwise.	he registered the change(s)
	/s/ Mark Budd	Ma	ark l	Budd, Assista	ant Secretary	
Sig	nature of a member or authorized representative of a member	_		Pri	inted or typed name of sig	nec
provi the o to me	reby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide grely reflect a change in the registered office address, I led in writing of this change.	ree to ac perform d for in hereby c	t in tane Che conj	this capacity ve of my dutic upter 605, F., irm that the i	y. I further agree to es, and I am familiar S. Or, if this docume limited liability comp	comply with the with and accept ent is being filed bany has been
Signa	tunce of Registered Agent	(	Grad	ce E. Kirby. /	Asst. Vice President	